

YOUR CAMPUS FOR CHANGE

### **Strategic Plan**

Fiscal Years 2010/2011

Approved by Huntsville/Madison County Mental Health Board:

Date: / 11/17/09

### Strategic Plan

### Table of Contents

Introduction	3
Mental Health Center of Madison County Population Served	4
Mental Health Center of Madison County Funding Resources	5
Mental Heath Center of Madison County History	5
Review of FY2009 Strategic Plan	11
Fiscal Years 2010/2011 Strategic Plan:	
Mission Statement	13
Vision Statement	13
Stakeholders	` 13
Core Values	13
Goals and Objectives	14
Actions Plans	Attachment
Fiscal Years 2009/ 2010 Revenue Budget	Attachment
Focus Group Feedback Summaries	Attachment
Program Descriptions	Attachment

### Strategic Plan

#### Introduction

The Mental Health Center of Madison County bi-annually develops a strategic plan to review the Center's mission, vision and values and to develop goals and objectives for the upcoming fiscal year. The management team or leadership team has the responsibility for developing and implementing the plan with board approval.

The management team is made up of the following positions:

- Executive Director
- Clinical Director
- Chief Financial Officer
- Adult Services Director
- Children/Family Services Director
- Human Resources Director
- Community Education/Public Relations Director

And includes the following for strategic planning development and performance improvement/quality assurance activities:

- Adult Substance Abuse Services Program Manager
- Child Substance Abuse Services Program Manager
- Outreach Services Program Manager
- Prevention Services Program Manager
- Case Management Program Manager
- Residential Services Program Manager
- Registration Manager
- Medical Records Manager
- Information Services Manager
- Geriatric Services Program Manager
- Assertive Community Treatment Program Manager
- Medical Services Nurse Manager
- Day Programs Program Manager
- Pl Manager
- Staff Representative(s)\*

The plan is submitted to the Center Board of Directors in September or October of each year for approval. Following approval, the management team holds a strategic planning retreat each quarter in order to review the action plans for each center goal and objectives. The results of

<sup>\*</sup> Staff representative(s) will be selected to represent the views of staff and will solicit input from other staff members to bring forward in planning sessions. These representatives may rotate attendance and will be appointed by their supervisor or division coordinator.

these efforts will then be shared with the board and staff in the form of the revised action plans and scorecard data in printed form and/or a presentation. Action plans and related projects may also be reviewed during the regular management forum process as appropriate.

We believe this process has been effective in helping us achieve our goals and objectives in the past and will continue to be the vehicle that will position us for the future. In 2008 we revisited the entire planning process and updated mission and vision statements; clarified core values; and analyzed stakeholders in addition to creating linkages created with appropriate management to develop the annual goal statements and objectives. Better linkages were also established between the Strategic Plan and Performance Improvement Plan to ensure continuity between the two processes. In FY2009, the Executive Director personally visited with staff during division staff meetings to discuss the strategic plan and obtain feedback. Copies of the plan were also sent to all stakeholders. These activities will be continued in future years.

The overall process focuses on client needs. Information from consumer council meetings, client surveys, discussions with stakeholders and community feedback are evaluated as part of the process. In FY2009 community focus groups were added as part of the process and a summary of the questions and questionnaires are attached as well as an exercise that the management team participated in during the strategic planning process. We have attempted to integrate much of the comments and ideas in this new plan.

Greatest areas of unmet needs include:

- A fuller continuum of care for Child and Adolescent Services including an inpatient facility (there is currently no inpatient alternative for this population in Madison County).
- More supportive residential options for clients in Adult Services
- Residential inpatient substance abuse treatment program for detoxification

Stakeholders continue to have concerns regarding capacity issues. The wait-time for intake, medical and follow-up therapy appointments continue to be problematic. Therefore, efforts to increase staffing resources to better meet demand is a primary area for improvement.

The Mental Health Center of Madison County is committed to our strategic planning process and to continuing to strive for excellence.

### Mental Health Center of Madison County Population Served

The Mental Health Center of Madison County serves the population of the entire county. The 2000 Census found a population of 342,376 citizens. Chamber of Commerce estimates for the year 2007 indicate a population of 386,632, a growth of 13%. The population is 72% white, 23% black and 5% other. Median age is 35.7 years and per capita income is \$23,091. For further information on populations served by specific programs, please refer to the Program Descriptions in the attachment.

### **Mental Health Center of Madison Funding Resources**

The Mental Health Center of Madison County received funding in FY2009 from client fee receipts (35%), contracts (35%), local funding from the City of Huntsville and City of Madison (8%), statutory funding from local probate recording fees (9%) and other contracts, etc. (13%).

Total revenues for the year were \$11,351,359 which was a significant decrease from the previous year and funding levels for subsequent years are expected to remain fairly stable. Charts showing budgets for both years are attached.

### **Mental Health Center of Madison County History**

In 1955, there were no mental health services in Madison County. A group of concerned citizens, led by Mary Butler of the Department of Pensions & Security, Philip Mason, and Evelyn Wright, organized the local chapter of the Mental Health Association in 1956. By 1958, the Association had raised funds through United Way and governing bodies, to begin a clinic. Dr. Otis Gay of the County Health Department agreed to administer this clinic. A small, mostly parttime staff was developed, which functioned on a limited basis from 1958 until 1969.

In the meanwhile, the Association had developed interest in more extensive services. Through their efforts, the University of Alabama conducted a study in 1964, of the mental health needs of the county. The results were convincing enough that in 1966, County Commission Chairman James Record and Mayor Glenn Hearn appointed a special committee. Called the "Ad Hoc Citizens Committee for a Comprehensive Mental Health Center", this group, led by Chairman Walt Linde, began to formulate recommendations.

Their work culminated in a 1967 report advocating the formation of a comprehensive center under a new governing body. The 1967 state legislature had passed <u>Act 310</u>, which regulated and authorized the formation of local or regional Boards. These developments led the Association to press for formation of the Huntsville-Madison County Mental Health Board, which was finally incorporated in December 1968. The incorporators were Mary Butler, Bruce Grant, and Mary Spencer.

Under the provisions of Act 310, the Huntsville City Council and the Madison County Commission appointed members to the new Board, which held its first meeting in April 1969. Officers elected were: Ralph Ford, President; Robert Oliver, Vice President; Mary Spencer, Secretary; John Hays, Treasurer. Other original Board appointees were: Robert Norrell, Guy Revnolds, Charles Thomas, Albert Mann, Gene Lusk, and Juan Pizarro.

In October 1969, the newly formed Board assumed responsibility for clinic operations, and at the same time, Dr. William H. Goodson took the position of Director. The clinic remained at the Madison County Health Department until May 1970, when the Board leased and renovated a former department store on Randolph Avenue. Staff grew moderately, and, in September 1970, a research psychologist was employed as director of training.

Comprehensiveness of services was achieved in 1971, when the Federal-staffing grant was initiated. Staff size mushroomed as services multiplied. A construction grant was awarded in September 1971, but problems with the original site delayed progress on a new facility. A new site was purchased in September 1972, and architectural plans secured. Groundbreaking for the new Center building occurred on August 28, 1973, and in April of 1975, the new facility at 660

Gallatin Street was opened to the public. Services were provided in that facility for the next 27 years until October 14, 2002.

In May 1975 Dr. Goodson resigned from his position as Director to become Medical Director of the Center. Mr. William E. "Bill" Lee was appointed Executive Director in May, 1975 and served until February of 1979. As the original Federal staffing grant, growth grant, and conversion grant concluded in the 1978-79 time frame, several key leadership positions were vacated around the same time. After the resignations of Dr. Goodson, Mr. Lee, Dr. Turner, and Dr. Rinn in close succession, Mrs. Jo Ann Moorman, a member of the Huntsville-Madison County Mental Health Board, Inc. since 1976, was appointed Interim Director in February 1979 and served in a volunteer capacity until September, 1979, when Dr. Gary W. Porier was appointed Executive Director of the Board. Dr. Porier has served continuously from 1979 to the present.

FEDERAL	GRANT HISTORY
Original Staffing Grant	1971-78
Behavior Modification Research Grant	1972-75
H.E.L.P. (Growth) Grant	1972-79
Alcoholism Grant	1973-82
Drug Grant (C.U.P. Program)	1973-76
Children's Part "F" Grant	1975-83 (terminated 1982 due to Block Grant)
Conversion Grant (P.O. 94-63)	1977-78***
Financial Distress Grant	1979-82
Federal Block Grant	1982-85 (replaced other federal grants)

As can be seen by the above grant schedule, the Center was heavily dependent on federal funds during the earlier years of its history. The Board and management were aware of the decreasing federal grants and the necessity of replacing federal grants with local funds wherever possible. The government referred to the decreasing grant funds as the "seed money" approach. The Board attempted to secure other funding to make up for the impending loss. In 1971, through the Board's efforts, a state legislative bill was passed which affixed a \$1.00 fee to documents recorded in the Madison County Probate Judge's office. This probate-recording fee was allocated to the Mental Health Center of Madison County on a monthly basis. This probate recording fee generated between \$70 - \$90,000 annually in income for the Center during the 70's and has generated as much as \$144,000 annually during the 90's. The original bill provided for an increase in this \$1.00 fee to a maximum of \$3.00 if approved by the Madison County Commissioners. In 1976, at the Board's request, the Commissioners voted to increase this fee to \$3.00 on certain documents. This source of income was unique for our Mental Health Center for a number of years, until other centers asked for copies of the bill and duplicated the fee in their counties

In other areas more local support was sought resulting in larger appropriations from local governments and an increased effort in client fee collections. Annual requests for budgetary support are made to the City of Huntsville, Madison County Commission, and the City of Madison. Annual contracts with the Huntsville City Schools and Madison County Schools support three classrooms in a Day Treatment Program for children and adolescents with serious emotional disturbances. This CLASS Program has been in place from 1976 to the present. In recent years, as demands for placements for children have increased, new school system contracts have been added for nearby county and city school systems including the Morgan and Limestone County as well as the Madison and Athens City School Systems.

In 1980, the federal government initiated the Omnibus Budget Reconciliation Act of 1980, which called for the pooling of many federal grant programs into what became the "Block Grant" funding concept. Under this mechanism, federal funds were generally reduced by 25-35% and pooled together to be given to the individual states for allocation to local sources. This "Block Grant" funding mechanism resulted in the channeling of direct federal support to mental health centers through the Alabama Department of Mental Health and Mental Retardation. Except for those centers receiving construction grant awards, which were to remain under federal oversight, most governmental funding for mental health and substance abuse funding began to come to a single state agency (DMH/MR) to contract for services via local centers.

Due to the efforts of Board and management, the decreasing federal funds were partially overcome by an increase in local funds including a large increase in client fee collections. As a result, during the early 1980's the Center was able to avoid the elimination of any programs and thereby maintained its specialized services to children, the elderly, and substance abusers along with the five basic services of: 1) inpatient, 2) outpatient, 3) day treatment, 4) emergency, and 5) consultation and education.

During the latter days of the Carter administration in 1979, the Community Mental Health Systems Act was passed that would have led to a sharpening of focus on community based mental health delivery of services. However, the two Reagan administrations significantly reduced the federal role in mental health planning and funding by turning reduced funds over to the states to administer with local centers. The decade of the 80's saw little new funding coming to community mental health centers except for the addition of Medicaid funding in the late 80's with the DMH/MR serving as the fiscal intermediary.

In Alabama, the Department of Mental Health and Mental Retardation had been under court order since 1972 (the Wyatt vs. Stickney case) and responded to the federal court order to improve its state hospitals to meet minimally acceptable standards. This effort left very little funding available for supporting community based programs or for helping to develop the community support infrastructure necessary to care for the mentally ill outside of the more costly state hospitals.

In late 1988, the DMH/MR and the Alabama Council of Community Mental Health Boards developed a capital construction bond issue jointly that was passed by the legislature and signed into law by Governor Guy Hunt. This "mental health bond issue" authorized the sale of \$100 million in bonds for capital construction needs, half for the state's institutions and half for the CMHC's. Of the \$50 million for CMHC's statewide, the Huntsville-Madison County Mental Health Center was in the plan for a total of \$1.8 million. To date, these funds have been used in two phases as follows:

- 1) Purchase of the tract of land on Triana Blvd. plus two previously constructed 10-bed group homes under contract with the Volunteers of America, N.A.
- Construction of a third 10-bed group home on the same tract of land.
- Construction of a 4500 sq. ft. Day Treatment Activity Center to serve the 30 residents and nearby consumers in scheduled therapeutic activities.
- 4) Re-roofing and re-carpeting of the main Center to repair leakage damage.

The Mental Health Finance Authority has not scheduled a third phase of bond issue funding as yet, but approximately \$550,000 in capital construction funds remains slotted for Madison County.

In 1988 the Mental Health Center of Madison County had begun offering case management services for the first time under a federal PATH grant to work with the homeless. These services soon became indispensable aids to helping the seriously mentally ill cope with the demands of community-based living. That same year, the DMH /MR began serving as a contract intermediary to the state Medicaid agency allowing the Community Mental Health Centers to bill Medicaid for services for Medicaid eligible clients. The DMH/MR extracted the required Medicaid match from existing DMH/MR contract line items from the CMHC contracts. The fee for service payment mechanism allowed sizeable improvements in the Center's ability to receive payment for services rendered and brought a much-needed new funding source into community based mental health services.

In 1990, the Mental Health Center of Madison County did not operate any beds directly for the mentally ill in Madison County. By a cooperative venture, during that year, however, the Center contracted with the Volunteers of America North Alabama, to provide residential services for 20 group home residents in the original two group homes on Triana Blvd. By the addition of a third 10-bed group home, 14 foster home beds, 8 beds leased for the Intensively Managed Apartments program at Villa Madrid Apartments, 52 Shelter Plus Care Apartments leased at Villa Madrid Apartments under a HUD grant from the City of Huntsville, and a 32 apartment complex purchased in July, 1997, the Mental Health Center of Madison County has added significantly over a short span of years to the housing alternatives made available to its mentally ill clients. In February 1999, the 32-apartment complex was sold to address a financial problem and to purchase a new, updated computer software system for the Center. In April, the third group home build on Triana Boulevard was converted into a Crisis Respite Center (CRC) for short term stays of up to I4 days for crisis cases. The CRC is a collaborative venture involving three other North Alabama Centers and the Volunteers of America to improve the availability of crisis services in a seven county area. In September 2001, an application was submitted jointly with the Huntsville Housing Development, Inc. to develop three new duplexes and two single-family homes utilizing Alabama Housing Finance Authority (AHFA) funds for people with disabilities. These funds have been made available in conjunction with the settlement in January 2000, of the long running Wyatt lawsuit against the DMH/MR.

In 1990 the Mental Health Center of Madison County leased separate facilities for its program to serve substance abusers under a contract with DMH. This program evolved into the first intensive outpatient program (IOP) in the state that became the model for services throughout other Mental Health Centers in Alabama. It was called the New Horizons Recovery Center. Because of the effectiveness of this program it has become a significant treatment referral resource for the courts, jails, and law enforcement agencies in Madison County.

In 1993, Medicare retroactively allowed CMHC's to bill for Part B services rendered to Medicare eligible clients by eligible providers from October 1991 forward. With day treatment and partial hospitalization programs, Medicare opened a new funding door for CMHC's to provide services to Medicare eligible clients.

In 1995, the Mental Health Center of Madison County initiated a geriatric partial hospitalization program called Prime Time that became the pioneer for such programs in the state. It operated from the second floor of the Jacobs Bank Building across Gallatin Street from the main Center for four years before closing in 1999 as a result of major cutbacks in Medicare reimbursement policy and significantly increased documentation practices that made the program cost-prohibitive.

Also in 1995, the Mental Health Center of Madison County invited 15 consumers of services provided by the Center to form a Consumer's Council to become an advisory and feedback

group to the Center management. With our goal of providing more consumer-friendly services, this Council has added to consumers' participation in making decisions that affect them.

In spring 1998, the Mental Health Center of Madison County began offering a new program of individualized services to nursing homes in Madison County. In addition, day treatment services were reorganized to offer more intensive outpatient services to a target group of multi-need consumers under the heading of VISTA Clinic, to greatly enhance the quality of services offered to this group. With further changes in Medicaid reimbursement practices, VISTA was modified to become a Rehabilitative Intensive Outpatient Program (RIOP) in spring of 2000.

In January 1998, the Mental Health Center of Madison County entered the competitive arena of HUD grants to serve the homeless with a one-stop service center case management approach called "Project Restore." This program served over 2,000 homeless individuals and families in its two years of operation. HUD did not renew the grant in January 2000, and the program was ended with primary reliance placed on our existing PATH Program case managers to serve the homeless.

In the summer of 2000, the Center completed a two-year period of preparation along with approximately 20 other Alabama Centers to apply for JCAHO accreditation. However, the centers collectively and individually reassessed the priority and expense of making this costly move in light of overall Center finances and the predominance of Blue Cross/Blue Shield of Alabama in our service area. Ultimately, it was decided that the cost of maintaining this expensive accreditation could not be supported with the overall state of mental health centers financing at the time.

The Mental Health Center Board decided to approach the local legislative delegation in February 2001, to request that the local Probate Recording Bill fees be increased to reflect increased demands on the Center for services. Senator Tom Butler drafted a revised bill; support was obtained from the outgoing and incoming Probate Judge for the bill; the Madison County Commission supported it; and the bill was passed in May 2001, to become effective in August 2001. A modification of the recording fee structure that averaged \$12 for all fees collected by the Madison County Probate Office was approved by the local legislative delegation. Since that time, these recording fees have generated significant local revenues for mental health services that are now forwarded monthly from the Madison County Commission to the "Mental Health Fund" at the Mental Health Center. This revised bill is expected to generate significant increased local government funding in support of mental health services in Madison County over the first decade of the new millennium.

The settlement of the Wyatt lawsuit by DMH/MR in January 2000 resulted in a three-year focus on achieving over 600 outplacements and bed closures (300 MR and 300 MI) from the state hospitals by September 30, 2003. These outplacements came from the extended care beds in the state hospitals. These were beds where relatively few Madison County residents had traditionally been placed. Therefore, the Center's major participation through FY 2000-01 was in developing additional crisis services (the Crisis Respite Center) and starting an Assertive Community Team (A.C.T.) approach to prevent recidivism to state facilities. Both these efforts have been made possible with the additional Wyatt settlement funding made available by the legislature to DMH/MR and contracted to the CMHCs. The federal court will consider during October, 2003 whether sufficient effort was made during the three year settlement period to end the longest running mental health lawsuit in the country. It is anticipated that the gains made in the provision of more specialized services during the three-year period will be maintained by the state legislature or else risk a return to federal court by DMH/MR.

During 2001, the Mental Health Board voted to change the name of the <a href="Huntsville-Madison County Mental Health Center">Huntsville-Madison County Mental Health Center</a> to the <a href="Mental Health Center">Mental Health Center of Madison County</a>. This name change was made in concert with the Board's decision to purchase a new facility in November 2001, completely renovate it, and move into the new facility by mid-October, 2002. The Board also arranged the sale of the facility at 660 Gallatin Street to the City of Huntsville to make way for a new federal courthouse building. The Board purchased the building at 4040 S. Memorial Parkway and added to the acreage by purchasing the half-acre frontage on each side of the entering driveway. Space was also leased at the adjacent building at 1900 Golf Road to house the Prevention Program and the Case Management-Residential Services Division Staff. Portions of the 4040 S. Memorial Parkway building remained leased by pre-existing tenants for part of the building, but the expectation that additional space would become available as new program space was needed and leases expired has begun to occur during the latter part of 2003.

Since moving into the new building, the Mental Health Center has added a Community Mental Health Officer (CMHO) program to assist the Probate Court and law enforcement agencies and officers throughout Madison County to make determinations of mental illness status or dangerousness when requested. The CMHO program was approved by the Madison County Commission and supported by the Probate Judge to allow it to become a lawful resource serving all of Madison County. The availability of this service has greatly enhanced the capability of law enforcement agencies to deal with situations in which mental illness and dangerousness are potential issues to be addressed.

During 2002, a Family Drug Court was established in the District Court of Judge Lynn Sherrod in concert with other local agencies and the staff of the New Horizons Recovery Center to provide an alternative to jail for individual caregivers of small children who are substance abuse offenders that pass through that court. During the early fall of 2003, an Adult Drug Court allowing for treatment at NHRC for a larger number of individual drug offenders was also established in Judge Sherrod's District Court as yet another alternative to jail time for substance abusers. A Steering Committee was also established in 2003 that investigated the possibility of establishing a Mental Health Court to provide treatment rather than jail time for non-violent offenders who plead guilty to the offenses with which they are charged. The efforts of the Steering Committee resulted in the establishment in September 2004 of the first Mental Health courts in Madison County at both the Municipal Court under Judge Sybil Cleveland and at the District Court under Judge Karen Hall. These special courts were results of interagency collaboration and the willingness of the Mental Health Center to take on the additional responsibilities of these Courts with no additional funding from the City or County. Even with only a few weeks of operation, these courts have already proven their value as jail diversion programs.

During the summer of 2004, the Board purchased the 5¼-acre tract of land on South Memorial Parkway immediately adjacent and to the north of the Mental Health Center property. This land was acquired for the express purpose of bringing substance abuse treatment services to the new enlarged Campus of the Mental Health Center. With over 10 acres in a very good location, the Center is positioned for future program development and expansion.

Regardless of our future struggles to secure adequate funding for the needed services, the primary goal of the Center will continue to be the delivery of quality mental health and substance abuse treatment services to the citizens of Huntsville and Madison County.

At the end of fiscal year 2005, Dr. Gary Porier retired as Executive Director after 27 years of service and a search committee undertook the role of finding a replacement. Brian Davis, LCSW was hired in October of 2005 and has been moving the Center in new directions.

In 2006 the Center opened a Challenge Course (ropes activities) to promote leadership training to area businesses and in 2007 the Center and community volunteers built a 60 ft. Chartres type labyrinth in the northwest comer of the property. These two new additions have created a positive vehicle for people to come to the MHC campus and, hopefully, demystify preconceptions about community mental health and help to dispel some of the stigma that surrounds mental illness.

In 2008 the Center began to move to an electronic chart format and selected Profiler software to accomplish this goal and have begun staff training. Also in 2008, the organizational structure was changed to integrate substance abuse and mental health services. The building on the corner of Golf Road was purchased and the Children's Division was moved to have a separate facility and renamed The Nova Center for Youth and Family. In 2009 the Profiler software conversion was completed and further service delivery enhancements were initiated to consolidate programs and streamline staffing.

### Review of FY2009 Plan

Our Strategic Planning Process continues to be very successful in helping us to develop and achieve our goals. The FY2008 plan was no exception as we continue to build on our strengths and refine our overall planning process. We continued to hold quarterly strategic planning retreats to actively review and evaluate our action plans for each goal and objective.

Following is a listing of our accomplishments for the past year:

#### **Service Delivery**

- Redefined hospital discharge/tracking system
- Established AIDT afternoon program
- Established Adult Services mini-treatment team process with psychiatrist
- Increased number of groups with focus on anger management for adults
- · Created bridge groups for high risk clients
- Expanded school based programs
- Obtained case management training for substance abuse adolescent therapists
- Implemented DYS in-home team
- Decreased Adult Services wait time
- Decreased hospital census
- Hired full-time Psychologist
- Implemented a process of identifying homeless individuals through Path Grant
- Established orientation, training and implementation of Profiler with on-line clinicians

#### Financial/Resource Management

- Provided staff with 2% raise
- Opened Nova Center for Child & Family
- Moved NHRC to main campus
- Bought new air conditioners for group homes
- Reduced expenses with cleaning service, temporary suspension of 401A and dual enrollment health insurance option
- Received continued funding for Launch, school-based program, and Robert Woods Johnson grant

- Added 2 new juvenile court programs
- Weathered funding reductions

#### **Human Resources**

- Held holiday party at NOVA
- Expanded staff for day treatment, additional psychiatric services and FT Psychologist
- Streamlined staffing and consolidated programs
- Increased prevention staff
- Developed job description for Forensic Therapist
- Reduced personnel expenses by \$400K
- Improved tracking system for Adult Services wait time
- Development Corporate Compliance Plan
- Initiated internal job posting procedure

#### **Community Relations**

- Hosted open houses for NOVA & NHRC
- Enhanced web-site to be more comprehensive and interactive
- Conducted training, speakers bureau, educational activities and health fairs for mental health and substance abuse awareness
- Hosted stakeholder focus groups
- Continued support of LifeSouth blood drives and United Way campaign
- Participated in community coalitions
- Increased Community Labyrinth activities

#### Information Management

- Completed Profiler software conversion
- Upgraded computers, scanners and dictation equipment
- Initiated concurrent documentation process
- Minimized duplicate entry of data
- Enhanced critical client specialized information (Dashboard)
- Improved access to clinical information
- Developed capacity to report PAP to State
- Developed remote access to clinical information

#### **Quality Assurance**

- Implemented Profiler electronic medical record system
- Completed successful DMH/MR audit
- Sustained NARH census reduction
- Established Profiler liaison in each division
- Increased presence at Huntsville Hospital with daily liaison
- Added consumer evaluation capability to website
- Established forensic case managers

Fiscal Year 2010/2011 Strategic Plan

### **Mission Statement**

Our mission is to provide quality behavioral health services with a caring heart.

### Vision Statement

One Center United to serve as a beacon of hope and recovery for a growing community.

#### **Stakeholders**

Clients and Their Families Children's Advocacy Center Mental Health Association Dept. of Human Resources City of Huntsville

**Madison County** City of Madison Volunteers of America

Vocational Rehabilitation

Mental Health Center Board

National Alliance for the Mentally III - Huntsville

Department of Mental Health/Mental Retardation

State & Local Elected Officials Social Security Administration Multi-needs Team **Public Transportation** 

Colleges/Universities **Religious Organizations**  **Employees & Their Families** 

3rd Party Payors **Business & Industry** Volunteer Center

Crisis Services of North Alabama

Law Enforcement Chamber of Commerce

School Systems

**Pharmaceutical Companies** 

Nursing Homes/Assisted Living Facilities

**Homeless Service Providers** Foster Home Providers Villa Madrid Apartments

Residential Treatment Facilities

**Employers** 

Retirees Vendors **Physicians United Way** 

**Group Homes** Courts Hospitals

**Advisory Groups** 

MCC3

**Boarding Homes** 

**FEMA Foundations HEMSI** Media **TARCOG** 

### **Core Values**

- Integrity
- Accountability
- Solution-focus
- Compassion
- Respect
- Service-orientation

Fiscal Year 2010/2011 Strategic Plan

### **Goals and Objectives:**

Service Delivery

GOAL: Develop and sustain quality programs to meet community needs Objectives:

- Increase enrollment in Level III Program by at least 20%
- Increase training of clinicians and case managers in Recovery Philosophy of Care

GOAL: Continuously manage capacity of programs and services to meet customer needs Objectives:

- Increase revenue from programs with defined payment sources
- Develop a campaign to educate the community about MHC services by December 2010
- Certify all clinicians in Cognitive Behavioral Therapy by December 2011

### Financial/Resource Management

GOAL: Meet or exceed annual budget goals Objective:

 Review monthly financial statements and take necessary actions to meet goals by cutting costs or increasing revenues

#### **Human Resources**

GOAL: Improve the resources to support and communicate the "One Center" concept among staff

#### Objectives:

- Update personnel policies and procedures
- Develop and begin training of all employees on MHC programs/services and basic customer service/communication

#### **Community Relations**

GOAL: Enhance positive perception of mental illness and substance abuse within the Community

### Objectives:

- Obtain training in Mental Health First Aid (MHFA) and implement program in community
- Enhance continuous presence of MHC within the community
- Develop new comprehensive services brochure

GOAL: Enhance the guest experience for all who interact with the MHC Objectives:

- Improve client orientation process
- Improve staff orientation process
- Explore/improve telephone process

**Information Management** 

GOAL: Enhance Profiler work flow Objectives:

- Reduce scanning volume
- · Maximize psychiatrist participation
- Increase staff training

**Quality Assurance** 

GOAL: Redefine and establish the structure and function of the Quality Assurance Program in an Electronic Medical Record environment

#### Objectives:

- Develop a fully functioning QA Committee by 12/09
- Increase compliance and follow-up of QA findings by 01/10
- Develop a process and establish a category on performance appraisals to include QA compliance and follow-up by 01/10

Strategic Plan Action Plan

FOCUS AREA: Service Delivery

GOAL: Develop and sustain quality programs to meet community needs

### OBJECTIVE (S):

Increase enrollment in Level III program by at least 20%

Increase training of clinicians and case managers in Recovery Philosophy of Care

# Division Directors, Clinical Director RESPONSIBLE MANAGER/COMMITTEE:

## STAKEHOLDER NEEDS:

Clients/Families:

Accessible services that improve lives

Improved financial performance and available continuum of care Positive image of MHC and improved quality of life for residents

# Community: Positive image of MHC a

MEASUREMENT CRITERIA:

Number of participants enrolled in Level III Program each quarter Number of clinicians and case managers trained in Recovery Philosophy

### ACTION PLAN:

Evaluate case loads to determine clients' levels of care

Obtain training for Recovery Care on-site and coordinate with appropriate clinicians

Strategic Plan Action Plan

FOCUS AREA: Service Delivery

GOAL: Continuously manage capacity of programs and services to meet customer needs

### OBJECTIVE (S):

Increase revenue from program with defined payment sources

Develop a campaign to educate the community about MHC services by December 2010

Certify all clinicians in Cognitive Behavioral Therapy by December 2011

Division Directors, Clinical Director RESPONSIBLE MANAGER/COMMITTEE:

## STAKEHOLDER NEEDS:

Clients

Improved quality of care Improved financial performance and risk management

Redefined and improved image of MHC

## MEASUREMENT CRITERIA:

Community:

Staff:

Movement through levels of care

- Define programs with income-producing payer sources
- Develop education materials for public relations campaign about "Who we are" and "How we Serve the Community'
  - Designate revenue each quarter for certifying clinicians in Cognitive Behavior Therapy

Strategic Plan Action Plan

FOCUS AREA: Financial/Resource Management

GOAL: Meet or exceed annual budget goals

OBJECTIVE (S): Review monthly financial statements and take necessary actions to meet goals by cutting costs or increasing revenue

CFO, Program Managers, Division Directors, Executive Director RESPONSIBLE MANAGER/COMMITTEE:

## STAKEHOLDER NEEDS:

Financial stability that provides exceptional services and reputation Financial stability that provides exceptional benefits and resources Clients: Staff:

## MEASUREMENT CRITERIA:

Quarterly review of financial statements

- Increase revenue for and develop additional Medicaid services
  - Continue to increase collections
- Increase alternative programs

Strategic Plan Action Plan

FOCUS AREA: Human Resources

GOAL: Improve the resources to support and communicate the "One Center" concept among staff

Update personnel policies and procedures (minimum 1 policy per quarter) OBJECTIVE (S):

Develop and implement training of all employees on MHC program/services and basic customer

service/communication

Human Resources Staff and Division Managers RESPONSIBLE MANAGER/COMMITTEE:

STAKEHOLDER NEEDS:

Enhanced awareness and communication between staff and management re: policies and procedures and

MHC services

Improved consistency in the application of policies across programs across program Clients:

Improved customer service

## MEASUREMENT CRITERIA:

Board approval of updated policies and procedures

Fraining completion statistics

Reduction in complaints regarding customer service issues

- Separate benefit information from policies and procedures
- Develop and implement manager specific training on policies and procedures
  - Update and distribute program descriptions and Center publications
- Implement mandatory effective communication and customer service training schedule
  - Produce MHC Campus map of services for clients and staff
    - Designate service area ambassadors to assist new employees

Mental Health Center of Madison County YOUR CAMPUS FOR CHANGE

Strategic Plan Action Plan

> Community Relations FOCUS AREA:

Enhance positive perception of mental illness and substance abuse within the Community

Obtain training in Mental Health First Aid (MHFA) and implement program within the community OBJECTIVE (S):

Enhance continuous presence of the MHC with the community

Develop new comprehensive services brochure

Community Education Director, Division Directors RESPONSIBLE MANAGER/COMMITTEE:

## STAKEHOLDER NEEDS:

Clients:

Greater acceptance and understanding from the community

Access to new and improved ways of communicating our message Staff:

Reduce stigma through increased knowledge related to mental illness and substance abuse Community:

## MEASUREMENT CRITERIA:

Completion of services brochure Number of community contacts Number of MHFA trainings

- Train/certify Community Education Director in MHFA by November 2009
  - Initiate training for community in MHFA by January 2010
- Investigate use of billboard and other media resource by January 2010
  - Develop new MHC services brochure by June 2010
- Increase community contacts by 25% by September 2010

Mental Health Center of Madison County YOUR CAMPUS FOR CHANGE

Strategic Plan Action Plan

> Community Relations FOCUS AREA:

Enhance the guest experience for a all who interact with the Mental Health Center of Madison County GOAL:

Improved client orientation process **OBJECTIVE (S):**  Improve staff orientation process

Explore/improve telephone process

Community Education Director, MIS Manager, HR Director, Intake Manager RESPONSIBLE MANAGER/COMMITTEE:

## STAKEHOLDER NEEDS

Renewed confidence and comfort/ease of access Clients: Staff:

Increased awareness of services across programs

Increased desire to make each guest experience a positive one

Improved community/MHC relationship Community:

## **MEASUREMENT CRITERIA:**

Data from client surveys and HEART cards

Community feedback

Completed orientation of staff

- Develop new client handbook by January 2010
- Coordinate with HR Director for updated staff orientation by December 2009
- Implement new staff orientation process by June 2010
- Develop committee to explore telephone related issues and develop action plan by January 2010

Strategic Plan Action Plan

FOCUS AREA: Information Management

GOAL: Enhance Profiler Workflow

OBJECTIVE (S): Reduce scanning volume

Maximize psychiatric participation
Increase staff training

IS Manager, Profiler Team, Division Directors RESPONSIBLE MANAGER/COMMITTEE:

STAKEHOLDER NEEDS:

Staff/Clients: Reduce data errors

## MEASUREMENT CRITERIA:

Reduction in scanning volume by 25% each quarter Provide an hour of training to psychiatrists weekly Offer a minimum of 4 hours of staff training each month

### ACTION PLAN:

### SCANNING

- Identify current scanning activity
  - Identify items for conversion to electronic media
- Develop the process and train staff
  - Monitor and evaluate use

### STAFF TRAINING

PSYCHIATRIC PARTICIPATION

Evaluate individual needs

Establish expectations

Provide training

- Identify training needs based on staff feedback and observation
  - Train by category
- Monitor performance

Monitor minimum standards

Mental Health Center of Madison County YOUR CAMPUS FOR CHANGE

Strategic Plan Action Plan

> Quality Assurance FOCUS AREA:

Refine and establish the structure and function of the Quality Assurance Program in an Electronic Medical Record environment GOAL

### OBJECTIVE (S):

Develop a fully function Quality Assurance Committee by December 2009

Increase compliance and follow-up of QA activities by January 2010

Develop a process and establish a category on performance appraisals to include QA compliance and follow-up by January 2010

RESPONSIBLE MANAGER/COMMITTEE: Clinical Director and QA Committee Members

## STAKEHOLDER NEEDS:

Improved standards of care and quality service delivery Ensure State certification and prevent audit payback Clients:

## MEASUREMENT CRITERIA:

Monthly summary of QA findings and follow-up reports

- Include program supervisors on QA Committee
  - Assurance concurrence of documentation
- Work with Human Resources on performance appraisals and feedback
- Develop documentation compliance scores for individual providers of service



### Focus Group Question Guide Summary

Thursday, May 21, 2009

Participants: Ivy Thompson, family member

Nellie LeBas, family member Daniel LeBas, family member

Mary Reeder, advocate

Darlene Berry, Our Place, advocate

Kenneth Anderson, Radio Talk Show Host, advocate

Brian made introductions, showed website, reviewed packet information and process.

- 1. What is your understanding of the Mental Health Center of Madison County's relationship with the State Department of Mental Health?
  - Not addressed
- 2. What positive images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - Seen improvement since Brian came on board, more of an environment for openness.
  - Communication is greatly improved. Brian is very communicative and more open-minded.
  - Clinical staff more willing to communicate with families with less fear of "keeping things private." There is a move to involve families more.
  - Day Programs have improved with positive additions. Josaylon Lucas is a plus. She provided very
    useful information when she spoke to NAMI earlier this month. Staff is encouraging and supportive. One parent
    reported that staff called to check on her daughter who was not able to attend groups due to problems with medication.
  - Improvement in accessibility of services (but additional improvements needed.)
  - Improvement in staff returning calls (Dave Rush returned a call almost immediately.)
  - Separating Children and Adult Services was a good move.
  - 'Keep up the good work!"
- 3. What negative images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - Timeliness in getting an initial appointment is a problem.
  - Consumers need to be seen more frequently, especially in the beginning of treatment.
  - Even long term consumers may need to be seen more frequently even when they appear healthier as this additional contact would allow provider to witness additional problems.
  - Medication accessibility is very restricted. The window of opportunity to use the Center's pharmacy is too small. This results in sharing and skipping medication. Hours need to be expanded. Participant wondered if the pharmacy could be off site and with longer hours. (Brian explained the restrictions surrounding our pharmacy regarding PHP and IDP and made clear that we were available only to those who qualified. He mentioned that only limitedly do we have free samples for doctors to disburse.)
  - Though communication is improved, doctors and nurses do not always return calls in a timely manner if at all.
  - There is not a clear understanding of the procedure for handling crisis situations both on weekends and after hours. It seems that the agencies involved have a breakdown in communication and are quick to hand off the responsibility.

- Sometimes this is also an issue during office hours.
- Police officers are not adequately trained to deal with those with mental illness. Participant suggested that the MHC partner in training police officers.
- 4. What improvements would you like to see made at the Mental Health Center of Madison County?
  - We need continued improvement in communication and timeliness and accessibility of services.
  - We need more services for children more convenient and friendly access
  - We need inpatient services for children in Huntsville.
  - We need transportation for children to programs/hospitals outside Huntsville.
  - One participant who works at Calhoun would like to see services on campus for students dealing with mental health issues.
  - Participants were interested in what we have in mind for improving services for those with dual diagnoses.
  - Pharmacy hours need to be expanded, more accessible.
  - Also, recommendation that the MHC partner with pharmacies across town and communicate to consumers and families who these are.
  - Participant would like to see MHC partner with Law Enforcement to train police officers in appropriately dealing with those with mental illness.
  - MHC needs to communicate more effectively with other agencies to determine the appropriate process for handling crisis situations.
- 5. How do you think services at the Mental Health Center of Madison County compare with other community mental health providers?
  - Perception in the community is that the quality of services is inferior at the MHC thus people prefer private physicians and therapists.
  - Perception is becoming more positive.
  - One participant noted that she has found the MHC to go beyond what one receives in the private sector.
- 6. What are the most important factors when seeking out mental health and/or substance abuse services? (timely appointments, cost, caring staff, medications, results)
  - Cost-many do not have the co-pays required for New Horizons' services. Participant did note that this was better since Brian came on. (Gina reported that if there is a genuine issue with payment, staff will work with that person going further to say that our policy and our practices are not necessarily the same.)
  - Costs clients who have been seen previously and left outstanding balances are not seen again until that balance is cleared. (This should not be the case and Brian directed Gina and Anne to investigate this claim.)
  - That they would get better get the services they need
  - That crises would be handled quickly and effectively
  - Affordability & timeliness; when they can get in and how often they can be seen.
  - Caring and qualified staff is important.
  - Timely communication, especially in regard to medication issues
  - Timely access to children's services...even beyond outpatient services. Need inpatient placements locally. In the meantime, consumers need help in getting transportation to placements outside Huntsville.
- 7. What is your understanding of how client services are paid?
  - Clients cannot attend New Horizons unless they are able to meet their co-pays or fees if insurance is not a factor.
  - The Mental Health Center requires past due balances to be paid before the client can be re-opened.
  - All recognized that the MHC does accept various insurances in addition to Medicare and Medicaid.
  - Five of 6 participants realized the MHC was a public, non-profit organization with tax exempt status.

- 8. The MHC has recently experienced funding cuts and receives at best level funding from most of its funding sources, yet demand for services continues to increase are you aware of any strategies for obtaining additional revenue support and resources or cost cutting strategies that might work for us?
  - Several comments were made regarding the MHC partnering with other agencies
- 9. One in 5 people suffer from a diagnosable illness at any given time, yet only about 25% seek treatment partly due to the stigma that still exists what can we do to overcome this obstacle?
  - One participant has in mind an anti-stigma campaign through his radio station and in partnership with the MHC.
- 10. What is your understanding of the level of responsibility between the Mental Health Center and our clients? What do you know about our role in the involuntary commitment process?
  - No responses given regarding either of these



### Focus Group Questionnaire Results Summary

6 participants -6 completed surveys (1 survey was not completed in its entirety.)

1.	Have you or a family member ever received services at the Mental Health Center of Madison County or
	have you had any interactions with the Center?

Yes: 6 (100%)

No: 0

If yes, how would you rate the experience?

Very Positive: 2 (33.3%) Positive: 2 (33.3%) Neutral: 1 (16.6%) Negative: 1 (16.6%) Very Negative: 0 Comment – none given

If no, should services be needed would you recommend services at the Mental Health Center? Not applicable

2. Aware you aware that the Mental Health Center offers the following services?

. It water you aware that the Mental Treater Series Street Browning Service				
	Individual & Group Therapy	Yes:	6(100%)	No: 0
	Adult Day Treatment	Yes:	6(100%)	No: 0
	Geriatric Services	Yes:	4 (67%)	No: 1 (17%)
	Case Management	Yes:	5 (83%)	No: 0
	Residential Services	Yes:	4 (67%)	No: 1(17%)
	Intensive In-Home Intervention for Families	Yes:	4 (67%)	No: 1(17%)
	School Based Counseling	Yes:	2 (34%)	No: 3(50%)
	Challenge Ropes Course for Corporate Training	Yes:	3 (50%)	No: 2(34%)
	Community Labyrinth Open Daily to the Public	Yes:	5 (83%)	No: 0
	Substance Abuse Treatment	Yes:	5 (83%)	No: 0
	Deaf Services	Yes:	1(17%)	No: 4(67%)
	Partial Hospitalization/Crisis Residential Services	Yes:	6(100%)	No: 0
	Diagnostic Testing	Yes:	5 (83%)	No: 0

- 3. Are you aware that the MHC serves clients on a sliding fee scale beginning at just \$10 hour? Yes: 6 (100%) No: 0
- 4. Did you know that the Mental Health Center recently opened a separate facility for children and adolescents called the Nova Center for Youth and Family?

Yes: 5 (83%)

No: 1(17%)

- 5. Are you aware that the Mental Health Center is a public non-profit organization with 501-3-C status? Yes: 5 (83%) No: 1 (17%)
- 6. Did you know that the Mental Health Center accepts various insurances as payer sources? Yes: 6 (100%) No: 0
- 7. Did you know that the Mental Health Center provides on-site services through many community organizations including DHR, Huntsville Hospital, Nursing Homes, Public Schools and the Courts?

Yes: 6 (100%)

No: 0

8. Has participating in this focus group changed your perceptions of the Mental Health Center in any way? Yes: 6 (100%) No: 0

### Please elaborate:

- Good information...exciting. Thank you!
- Improvement in many areas which is on the right track. Keep up the continued good work!
- Better understanding
- I already had a better view of the MHC, and it has been further enhanced tonight.
- My belief in the agency as a viable part of the community was affirmed and enhanced.



### Focus Group Question Guide Summary

Thursday May 7 & Tuesday May 12, 2009

Participants:

Eric Batt, Huntsville Municipal Court Tommy Battle, Mayor, City of Huntsville

Debbie Byrd, Huntsville Municipal Court

Lucia Cape, Chamber of Commerce

Jennifer DeMarcus, Department of Human Resources

Sharon Gad, Huntsville Hospital

Cassandra Leslie, National Children's Advocacy Center

James McDonald, Huntsville Municipal

Marcy McFarlin, Partnership for a Drug-Free Community

Sandra Moon, Huntsville City Council Court

Gina Porter, Huntsville Hospital

Mark Roberts, Huntsville Police Department

Cheryl Vance, Crisis Services Reid Webster, TARCOG

Brian made introductions, showed website, reviewed packet information and process

- 1. What is your understanding of the Mental Health Center of Madison County's relationship with the State Department of Mental Health?
  - DMH provides oversight and supervision but little funding
- 2. What positive images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - The drug & alcohol services division has a great program of having participants do community service
  - The extended drug testing program
  - Having NHRC located on the main campus is a plus since most substance abuse clients have other issues as well
  - Having different programs for MRT and IOP clients
  - The new location is beautiful and pleasant (makes clients feel valued)
  - We used to have many complaints about accessibility, none since new director (prior issue with homeless services and politics involved)
  - The new labyrinth and challenge course are great programs to bring people to your campus and deal with stigma issue
  - Staff takes time out to keep court personnel in loop
  - The Huntsville Hospital case manager has done a great job being on-site has made a huge difference; has good rapport with clients; when patients are discharged from HH are seen without 24 hours
  - NHRC is good to work with us on payment plans, etc.
  - The 2 therapists on-site at DHR have made a real difference in accessibility and convenience
  - The new facility is cleaner, friendly, more professional; more inviting makes clients feel better about experience

- Your service is a necessity to the City we are glad you are here without these services our community would not be what it is
- I commend the Center for its outreach and community solutions
- Ashley Jones and the PEACE Coalition have been very helpful in assisting with geriatric cases
- New Horizons provides good treatment for substance abuse problems
- Positive assistance with mentally ill people involved in the legal system
- The word on the street is that the MHC is a place where "they will help you"
- 3. What negative images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - The location is hard to find, not centrally located, shuttle service not that accessible, gas prices add to problem
  - The time frame from referral to time of service is too long and keeps courts backed up the same is true for mental health appointments, MD appointments are particularly problematic
  - If a client is on mental health drugs then they are not eligible for substance abuse treatment (staff clarified that this was only benzodiazepines and other addictive medications) still lacking in dual diagnosis treatment clients get pushed to one side or the other
  - Many clients fall through cracks due to lack of insurance, Medicaid and/or ability to pay; clients not seen frequently enough (once a month is not enough)
  - Staff can be institutionalized to the problem we need to focus on staff issues people who are dealing with clients have issues as well we need to minister more to the needs of staff that ministers to clients
  - More systemic issues gaps in services or limitations of what can be done
- 4. What improvements would you like to see made at the Mental Health Center of Madison County?
  - There is a need for weekend groups for substance abuse treatment in order for clients to keep jobs
  - There are more and more people with mental illness issues and that is just going to keep escalating the money available is not going to meet the needs
  - There is a perception is that if a family member is ill—you will take them and keep them
  - We need more aggressive treatment in community (more ACT teams)
  - We need more services for children more convenient and friendly access
  - More staff for training & help to geriatric facilities (Assisted Living & Nursing Homes) w/ mentally ill residents
  - Need a short-term crisis center designed to figure out the longer-term treatment needs of geriatric patients
  - Need specialty care geriatric placements for those with physical needs and mental illness, especially self-pay & rural
  - Alternative to faith-based approach for those that need Downtown Rescue Mission
- 5. How do you think services at the Mental Health Center of Madison County compare with other community mental health providers?
  - There are no other providers like the MHC in the community except for psychologist network that does pro-bono work
  - Perception in the community is that the quality is lower at the MHC
  - Better location now than when downtown

- 6. What are the most important factors when seeking out mental health and/or substance abuse services? (timely appointments, cost, caring staff, medications, results)
  - That they would get better get the services they need
  - How quickly they can be seen
  - Affordability & timeliness; when they can get in and how often (they need more than once a month)
  - Follow-up what do you offer when they complete the program there is a need for more aftercare programs we do a better job on the front end identifying those who need services commit those who need that level of care but after that we fall off end up recommitting the same people multiple times —they end up back on street back into same cycle
  - I want to know that the person I am referring will be meeting with someone who is sincere about helping them can meet them where they are and get them the services that they need
  - How quickly they can be seen & how easy is it to get into treatment
  - Make the entry process clear to referral sources and make sure all our staff are on the same page
- 7. What is your understanding of how client services are paid?
  - \$60 per week for NHRC
  - Mental health services are too expensive for most clients (states may have been misinformed by clients was glad to find out accurate information re: charges)
  - It is important to remember who we are dealing with need to emphasize accountability and responsibility some do have legitimate needs, especially in this economy others spend money on cigarettes, cell phones but not on treatment
  - Never heard of anyone being turned away by the MHC because they couldn't pay
  - Perception is that New Horizons is driven primarily by money and that clients have to go back to "square one" when they relapse because it generates more revenue for the program
- 8. The MHC has recently experienced funding cuts and receives at best level funding from most of its funding sources, yet demand for services continues to increase are you aware of any strategies for obtaining additional revenue support and resources or cost cutting strategies that might work for us?
  - Federal Stimulus Money
- 9. One in 5 people suffer from a diagnosable illness at any given time, yet only about 25% seek treatment partly due to the stigma that still exists what can we do to overcome this obstacle?
  - Nationally, there is a concern that we are warehousing those with mental illnesses in jails and prisons 40-45% of prisoners have a mental illness which means that we have moved them from state institutions to jails/prisons where cost is even higher
  - The mental health system in Alabama is broke until more funding and resources are available and public opinion is changed we cannot fix this problem
  - The MHC does good community education but can always strive to do more
  - Utilize people with mental illness and/or substance disorders as ambassadors in our community education efforts
- 10. What is your understanding of the level of responsibility between the Mental Health Center and our clients? What do you know about our role in the involuntary commitment process?
  - Seems to be a revolving door to some extent
  - The more services provided by the MHC the more funding is received from various sources



### Focus Group Questionnaire Results Summary

13 participants – 12 completed surveys

1.	Have you or a family member ever received services at the Mental Health Center of Madison County	01
	have you had any interactions with the Center?	

Yes: 5 (42%)

No: 7 (58%)

If yes, how would you rate the experience?

Very Positive: 0

Positive: 4 (33.3%)

Neutral: 0

Negative: 2

Very Negative: 0

Comment - crazy people in the lobby

If no, should services be needed would you recommend services at the Mental Health Center? Yes: 9 (75%) No: 0 No Answer: 3 (25%)

2. Aware you aware that the Mental Health Center offers the following services?

Individual & Group Therapy	Yes: 12 (100%)	No: 0
Adult Day Treatment	Yes: 11 (92%)	No: 1 (08%)
Geriatric Services	Yes: 7 (58%)	No: 5 (42%)
Case Management	Yes: 11 (92%)	No: 1 (08%)
Residential Services	Yes: 10 (83%)	No: 2 (17%)
Intensive In-Home Intervention for Families	Yes: 8 (67%)	No: 4 (33%)
School Based Counseling	Yes: 6 (50%)	No: 6 (50%)
Challenge Ropes Course for Corporate Training	Yes: 8 (67%)	No: 4 (33%)
Community Labyrinth Open Daily to the Public	Yes: 5 (42%)	No: 7 (58%)
Substance Abuse Treatment	Yes: 12 (100%)	No: 0
Deaf Services	Yes: 4 (25%)	No: 8 (75%)
Partial Hospitalization/Crisis Residential Services	Yes: 10 (83%)	No: 2 (17%)
Diagnostic Testing	Yes: 11 (92%)	No: 1 (08%)
	•	

3. Are you aware that the MHC serves clients on a sliding fee scale beginning at just \$10 hour?

Yes: 8 (67%)

No: 2 (17%)

No Answer: 2 (17%)

4. Did you know that the Mental Health Center recently opened a separate facility for children and adolescents called the Nova Center for Youth and Family?

Yes: 5 (42%)

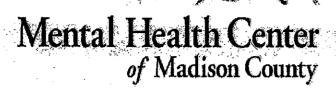
No: 7 (58%)

- 5. Are you aware that the Mental Health Center is a public non-profit organization with 501-3-C status? Yes: 11 (92%) No: 1 (08%)
- 6. Did you know that the Mental Health Center accepts various insurances as payer sources? Yes: 11 (92%) No: 1 (08%)

- 7. Did you know that the Mental Health Center provides on-site services through many community organizations including DHR, Huntsville Hospital, Nursing Homes, Public Schools and the Courts? Yes: 9 (75%) No: 3 (25%)
- 8. Has participating in this focus group changed your perceptions of the Mental Health Center in any way? Yes: 10 (83%) No: 1 (08%) No Answer: 1 (08%)

#### Please elaborate:

- Information on various grants (new) and positive to hear input from other areas of the community
- I feel that the group will work at the turn around time to appointments
- Even more appreciation for what you do
- More positive outlook of the Mental Health Center
- Transparency is a very positive trait I appreciate being invited
- This was very informative



YOUR CAMPUS FOR CHANGE

### **Program Descriptions**

Updated 9/0707

### **Program Descriptions**

### TABLE OF CONTENTS

Adult Services Division:			04
Assertive Community Treatment		•	05
Case Management			08
Continuing Care	logo forstate re <del>l</del> evade.		10
Geriatric Assisted Living Program			12
Geriatric Nursing Home Program	Extense.		15
Injection Clinic			18
Intensive Day Treatment		m.	19
Medical Support Services			23
Partial Hospitalization Program			25
Rehabilitative Intensive Outpatient Progra	m-		29
Triana Life Center Mental Illness Intensive	Outpatient Program		33
Case Management/Residential Services:			35
Residential and Foster Care Program			37
Hospital Avoidance Program			39
Case Management/Residential Services /	Addendum		40
Community Liaison			41
Grandview Estates	,		42
Shelter Plus Care Program			43
SunPoint Personal Development Progran	1		45
Crisis Respite Center		(see V	OA Attachment
Child and Adolescent Services Division	1,	• •	52
Child and Adolescent Outpatient Services	3		53
Family Integrity Network Demonstration (I	FIND)		56
Child and Adolescent Case Management	Services		57
Medical Support Services			59
Client Registration and Crisis Services			61
Patient Assistance Program			63
Community Education Services	•		64
New Horizons Recovery Center			67
Pharmacy/Indigent Drug Program			69
Substance Abuse Prevention Services			71

### **Adult Services**

The Adult Services Division provides comprehensive mental health services to the general population who are in a state of transition before, during, and after the onset of a major mental illness. Major mental illness is defined as including all of the DSM IV categories of diagnoses, which involve a psychosis. This program is made up of the following service components:

Assertive Community Treatment
Continuing Care
Geriatric Assisted Living Program
Geriatric Nursing Home Program
Intensive Day Treatment
Partial Hospitalization Program
Rehabilitative Intensive Outpatient Program
TLC Mental Illness Intensive Outpatient Program

ASD serves seriously mentally ill consumers who have had severe maladaptive or disruptive behavioral problems, but who no longer need inpatient services. Services will be provided to all adult citizens of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

ASD is designed to provide services for consumers on a long-term basis. When consumers come into the service, it is assumed that they do not need inpatient services. Individuals are accepted into this service that are actively in crisis in terms of living arrangements, family interaction, medications, etc. Individual, family, and collateral therapy go hand-in-hand with the medication maintenance and reduction programs, the latter being carried out under strict psychiatric supervision.

Adjustment and stabilization in the community are keystones of these treatment services and are provided through individual, group therapy, family therapy, chemotherapy, and day treatment. Day treatment care is given on an outpatient basis while the consumer continues to function in his/her home environment. This service makes operational the concept of providing treatment in the least restrictive environment. Individualized treatment plans include support services and provide for continuity of care.

# **Assertive Community Treatment**

## A. ADMISSION/READMISSION

Assertive Community Treatment (ACT) is an intensive and comprehensive, community based service delivery system for the serious and persistent mentally ill. ACT utilizes non-traditional case management implementation and intensive treatment approaches to serve consumers in the community. The primary goal of the program is to assist consumers to maintain in the community while improving their quality of life. A cohort of 36 consumers comprises the caseload of ACT who must meet the following criteria:

- 1. Have a psychiatric diagnosis
- 2. High risk for long-term hospitalization without long standing community support
- 3. Experience residual psychiatric symptoms causing challenges in financial stability, personal care, medical status
- 4. Demonstrate a need for co-existing treatment ex. Psychiatric and substance abuse
- 5. Are unable to cope with a traditional service delivery system
- 6. Have demonstrated a need for long-standing community support to successfully enhance their quality of life.

Consumers may be re-admitted to ACT after termination if the above stated conditions are present. The team psychiatrist approves admissions to the Assertive Community Treatment (ACT) program.

### B. NATURE AND SCOPE OF PROGRAM

The Assertive Community Treatment is provided systematically through a process that includes referral, assessment, admission, and on-going assessment, and continuous treatment planning. A multi-disciplinary team of mental health professionals provides services to the cohort. The multi-disciplinary team gathers initial referral information from the consumer's primary therapist for presentation of the case. Consent from the consumers to participate in ACT is essential and a personal interview to ensure their willingness to participate in the program is required. After the initial assessment of the consumer's life needs, a Consumer Profile is developed documenting the following oritical rehabilitation needs:

- 1. Strengths and weaknesses
- 2. Social support (relatives, other agency involvement)
- 3. Social network (neighbors, friends, membership in organizations, spiritual affiliation)
- 4. Social skills/social outlets (hobbies, knowledge of community activities for recreation)
- 5. Functional capacity (education, previous work experience, innate abilities, health status, legal involvement)
- Critical life milestones (marriages, births, deaths)
- 7. Understanding and education about serious and persistent mental illness.

Based on the Client Profile, the Assertive Community Treatment Team develops a hierarchy of life needs of the consumer to begin treatment planning. The cohort receives assistance from the ACT team in all aspects of community living. One of the main focuses of the outreach in the community is to ensure linkage to other services necessary for the enhancement of community life. Therefore, the greatest amount of work is done where the consumer lives. In addition, the on-going relationship with the ACT team provides stability and security for consumers in the cohort. The ACT team is responsible for all services provided to participants in the cohort. Therefore, a weekly Treatment Team meeting led by the ACT Team Leader and the psychiatrist is held for initial treatment planning, review of progress and problem solving. Treatment Team meetings are documented in the consumer's chart. Consumer participation in the treatment team meetings is encouraged when appropriate. A "Daily Morning Meeting" is held to document consumer contact, consumer status, and response to treatment. A large white board is used to document information reported during the "Daily Morning Meeting" and minutes of these meetings are maintained in a

notebook in the ACT office. At the conclusion of each morning meeting, team members have a sense of how the consumers are doing and are able to defermine problems for the day. Each ACT program staff, with the exception of the psychiatrist, develops a weekly itinerary to organize the service delivery to the cohort. The weekly itinerary is reviewed and/or revised in the "Daily Morning Meeting." Consumers judged to be in a state of crisis are contacted daily several times, if necessary, to de-escalate the crisis. However, the number of contacts by individual team members and totally for the team varies according to individual consumer need with a minimum of once per week in a maintenance phase and up to several contacts for those who require more. All referrals to Assertive Community Treatment are seen by the multi-disciplinary team no later than the second week after referral to ensure that all team members are known. Services are provided to the consumers by all of the staff assigned to the ACT team.

## C. SERVICES

The following services are provided to the cohort of consumers as indicated by consumer need:

- 1. Intake
- 2. Physician Assessment and Treatment
- 3. Medication Administration
- 4. Medication Monitoring
- 5. Individual and/or group therapy
- 6. Case Management
- 7. Crisis Intervention and Resolution
- 8. Mental Health consultation
- 9. Family Therapy
- 10. Family Support and Education
- 11. Basic Living Skills

The mental health center's Emergency Call Team serves as the point of contact for any emergency situation occurring after hours. However, the ACT Team Leader or MICS Coordinator is available for consultation for any emergencies from the cohort during or after work hours. The cohort is trained to use "ACT" to identify themselves when calling the after hours emergency call team. The Emergency Call Team is provided a list of names of the participants in ACT.

#### D. STAFFING

The staff of the ACT team is composed of experienced mental health professionals with the following credentials: Medical Director of the Mental Health Center, Mental Illness Community Services Coordinator, LPC, ACT Team Leader, LCSW, Registered Nurse, and Case Managers I and II. The ACT Team Leader who has over 5 years of experience working with the SMI population and supervising Case Management is responsible for the daily operations of the ACT Team. Although, the psychiatric coverage is part-time, the psychiatrist is available for consultation as needed. The MICS Coordinator is responsible for the development and oversight of all programs for the SMI population. With the exception of the psychiatrist, MICS Coordinator, and RN, all other staff is full-time. The ACT caseload does not exceed a 1:12 staff to client ratio.

### E. TERMINATION/TRANSFER CRITERIA

The Assertive Community Treatment program does not limit length of stay. However, consumers are terminated only if they refuse this level of intensity and intervention. In addition, consumers are terminated from Assertive Community Treatment (ACT) when they require long-term hospitalization or when they have been incarcerated by the legal system. Consumers are transferred from the program if they no longer meet the criteria and are referred to another appropriate program if needed. In the event a consumer disagrees with the decision to be discharged from the program, he has the right to appeal the decision through the Division Coordinator and/or Executive Director of the Mental Health Center.

# F. SERVICE AREA FOR PROGRAM

Assertive Community Treatment will be provided to all adult citizens of Madison County who has a psychiatric diagnosis without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral and appropriate action will be reflected in the consumer's Treatment Plan

Rev 10/05

# **Adult Case Management**

# A. ADMISSION/READMISSION

This program serves all Seriously Mentally III in Madison County as defined by DMH/MR.

Consumers are assigned to this service through referrals from any and all community agencies, Huntsville Hospital, North Alabama Regional Hospital, other Mental Health Center divisions, any individual in the community or self-referrals.

## B. NATURE AND SCOPE OF PROGRAM

The case management program provides services to the SMI population as defined by DMH/MR. The nature of this program is to fill the gap in the continuum between existing centralized Mental Health Center services that require consumer initiative to receive. This program is an outreach and mobile program that coordinates the full range of social, personal, financial, medical, psychiatric, and transportation services.

The following services are delivered within this program:

- 1. A systematic discharge of the specific human service needs of each consumer.
- The development of a systematic consumer coordinated written plan that is developed within the month following the month of intake unless services terminate earlier and lists the actions necessary to meet the needs of each consumer.
- Assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers;
- The direct delivery, or the arrangement for, transportation to needed services if the consumer is unable to transport himself;
- Establishing links between the consumer and service providers or other community resources;
- Advocating for and developing access to needed ser ices on the consumer's behalf when the consumer himself is unable to do so alone;
- 7. Monitoring the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan:
- Systematic reevaluation at 6 months after intake and intervals of 12 months thereafter, of the consumer's human service needs and the consumer's progress goals so that the established plans can be continued or revised.

# C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

## Termination Criteria:

A consumer is terminated from the case management program when/he she moves out of the catchment area, no longer requires case management services as determined by the needs assessment, or is deceased.

#### Transfer:

Although the consumers continued to be served by the case management program, they may assigned a primary therapist at the Mental Center who is responsible for meeting therapeutic needs and may be transferred within services based on transfer criteria of the service.

### Transfer Criteria:

A consumer may be transferred to another therapist within Transitional Care Services if difficulties arise in the therapeutic relationship and to another service if indicated by the consumer's needs.

# D. SERVICE AREA OF PROGRAM

Case Management provides outreach and mobile services that coordinate the full range of social, personal, financial, medical, psychiatric, and transportation needs of the identified population.

Seriously mentally ill persons in Madison County who meet the criteria by DMH/MR.

# **Continuing Care**

### A. ADMISSION/READMISSION

Services are available to all Madison County citizens who meet service area program criteria.

Consumers are assigned to this service from four sources: North Alabama Regional Hospital, Bryce Hospital, Hospital Huntsville, and the Mental Health Center's admissions services division. The consumer's case is staffed to the Coordinator for assignment.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

### B NATURE AND SCOPE OF PROGRAM

Continuing Care services aid consumers and their families by providing the most effective and comprehensive treatment available for a particular mental disorder. This is accomplished by utilizing of a multidisciplinary approach and by coordinating with various programs within the Center, as well as community agencies and services. This service is geared toward both crisis intervention for acute, psychotic symptomology and follow-up facilities in the community, once symptoms are in remission.

A diversity of clinical approaches and services are offered in response to the variety of problems presented by consumers experiencing some of the most difficult of mental disorders. Services provided include: psychosocial and psychodiagnostic evaluations, referral services for more specialized investigations (medical, chemotherapy, inpatient services), community consultation and agency coordination of services. Additionally, individual, group, and family therapy, rational motive therapy, reality therapy, relaxation and cognitive-developmental change models and consumer and family education are utilized to assist consumers in functioning more effectively. Case Management is utilized as an adjunct to therapy when determined necessary to increase the consumer's level of functioning, stabilization in the community, and to maximize continuity of care. Individualized treatment plans include support services, measurable goals and objectives, and provide for continuity of care. Medical services are provided by the Medical Director and a staff nurse.

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### **Termination Criteria:**

Consumer's cases will be closed when they move out of the catchment area, are dismissed involuntarily, request termination, continue to fail to attend appointments, or are deceased.

### Termination Procedure:

The primary therapist is responsible for completing all clinical documentation relative to the closing of his/her consumer's case.

### Transfer Criteria:

A consumer may be transferred to another therapist within Transitional Care Services if difficulties arise in the therapeutic relationship and to another service if indicated by the consumer's needs.

#### Transfer Procedure:

The therapist will discuss the consumer's case with the Coordinator of the Division. If there is agreement that the transfer is in the best interest of the consumer, the therapist and/or Coordinator

will staff the case with the Coordinator of the receiving service and with the receiving therapist if needed. Transfer documentation will be the responsibility of the referring therapist and will be signed off by the Coordinators of both services.

# D. SERVICE AREA OF PROGRAM

The clinical population served by Continuing Care services is composed of those consumers carrying diagnoses of major psychotic disorders. The majority of these consumers are referred by a state mental institution or through the intake process of the Center. Continuing Care Services will be provided to all adult citizens of Madison County without regard to the person's age, race, creed, disabling condition; national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

Individual with the primary diagnosis of Mental Retardation and/or Organic Disorders are assigned to Continuing Services on a rotational basis with the Outpatient Counseling Services Division.

# Geriatric Assisted Living Program

### A. ADMISSION/RE-ADMISSION

Prior to admission into Geriatric Program, the following criteria must be met:

1. Impaired contact with reality, manifested by hallucination, delusions, or ideas of reference;

2. Withdrawal, regression, or confusion not warranting inpatient hospitalization;

- Moderate to severe depression (but not requiring constant supervision for suicidal Threats);
- Not able to function adequately socially, occupational or academically;
- 5. Moderate to severe anxiety;
- Disabling somatic symptoms;

7. Needs pharmacotherapy requiring observation;

 Attempts to halt or reverse illness on outpatient basis or in supportive treatment is unsuccessful

Referrals may be made by primary care physician.

Client and/or family have to agree to participate in the program.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

An assessment along with appropriate testing is completed to determine the diagnosis and needs of the client.

# **Target Population**

- A. <u>Elderly seriously mentally ill:</u> The life expectancy of most elderly manic-depressive patients and schizophrenics are similar to that of the general population. Continued comprehensive therapy is necessary to assure community placement. Changes may occur in clinical and psychopharmacological needs, as they grow older.
- B: <u>Elderly with psychiatric disorders:</u> These disorders may not meet the definition for seriously mentally ill: The elderly may suffer from anxiety disorders, bereavement, and adjustment disorders that require psychiatric intervention.
- C. <u>Elderly with dementia</u>: One of the most common neuropsychotic disorders among the elderly is dementia and related disorders. Dementia patients require basic mental status examination to document cognitive ability and/or functional loss. Many will suffer behavioral problems that require neuropsychosis management.
- Elderly with organic mental illnesses: Many elderly suffer from disorders such as post stroke depression, personality disorders, medically induces deuterium or other organically based mental problems.
- E. <u>Elderly with substance abuse problems</u>: Many elderly suffer from alcoholism and the inappropriate use of prescribed medication.

### Admission Criteria/Procedures

Procedures for admission follow those of the Adult Outpatient Program. Depending on the setting, the referrals are made to the program through the attending physician or psychiatrist. An

assessment, along with appropriate testing is completed to determine the diagnosis and needs of

# B. NATURE AND SCOPE OF PROGRAM

The services provided for the elderly may include the following:

- 1. Psychiatric assessments by a well trained geriatric therapist who is part of a diagnostic team. Medical Director supervises all psychiatric intervention.
- Psychopharmacology management program with particular attention to follow up, medical problems, and side effects of psychotic medications (and other medications) on the elderly.
- 3. Psychological support services include: individual, group, family, crisis intervention therapy and mental health consults. Group therapy will also be available for clients with dementia to assist in maintaining their current level of functioning. Individualized treatment plans will be developed for each client.
- 4. Cognitive assessments such as mental status examination, geriatric depression scales will be utilized to assess basic level of functioning. Cognitively impaired patients require periodic reassessment to determine level of functioning, appropriate placement, and determination of competency.
- 5. Educational programs relating to Geriatric Mental Health Issues are provided for medical health providers, patients, long term care providers and family members.

### **Estimated Length of Treatment**

The length of treatment will depend upon the diagnosis, the setting of the treatment, the type of treatment, the rate of response, and the decision of the treatment team relating to progress of client.

# Goals and Objectives

- 1. To provide mental health services to all nursing homes and Assisted Living Facilities in Madison County.
- 2. To provide services to the community by educating them as well as the patient and family.
- 3. To educate the general public, as well as, professional staff, regarding issues relating to mental health in the elderly.
- 4. To expand outpatient services to the elderly through the local mental health center, working with other professionals in the community as referral sources.
- 5. To avoid unnecessary commitment to state facilities through appropriate, effective interventions within the community.

#### Staff

Program Supervisor: To train staff, as well as community, supervise geriatric staff, implement effective interventions, for patients and families, maintain a professional working relationship between mental health center nursing home, administrators, medical staff, civic/community leaders, and other professionals in the community. All other duties relative to the position.

Geriatric Clinician (therapist): Masters degree therapists, who are familiar with finding support mechanisms, trained in assessing, testing, and diagnosing the geriatric population. A minimum of 40 hours of training is required with weekly/monthly continuous training.

.....

#### **Facilities**

# C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Termination will be of two types, scheduled and unscheduled.

## Scheduled:

When a consumer has made significant goal progress and has generalized treatment gains, the primary therapist, and consumer will schedule termination.

### Unscheduled:

If a consumer stops participating without adequate progress toward goals and/or without consulting with their therapist for a period of one month termination will occur. If client decided to terminate services or expires will terminate.

## D. SERVICE AREA FOR PROGRAM

Geriatric Services shall provide to the adult population of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex. social status, or length of residence in the service are, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

# **Geriatric Nursing Home Program**

### A. ADMISSION/RE-ADMISSION

Prior to admission into Geriatric Program, the following criteria must be met:

- 1. Impaired contact with reality, manifested by hallucination, delusions, or
- 2. Ideas of reference:
- 3. Withdrawal, regression, or confusion not warranting inpatient hospitalization;
- Moderate to severe depression (but not requiring constant supervision for suicidal Threats):
- 5. Not able to function adequately socially, occupational or academically;
- 6. Moderate to severe anxiety,
- 7. Disabling somatic symptoms;
- 8. Needs pharmacotherapy requiring observation;
- 9. Attempts to halt or reverse illness on outpatient basis or in supportive treatment is unsuccessful;

Referrals are made by nursing home physician and client and/or family has to agree to participate in the program.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

An assessment along with appropriate testing is completed to determine the diagnosis and needs of the client.

### Target Population

Elderly seriously mentally ill: The life expectancy of most elderly manic-depressive patients and schizophrenics are similar to that of the general population. Continued comprehensive therapy is necessary to assure community placement. Changes may occur in clinical and psychopharmacological needs, as they grow older.

<u>Elderly with psychiatric disorders:</u> These disorders may not meet the definition for seriously mentally ill: The elderly may suffer from anxiety disorders, bereavement, and adjustment disorders that require psychiatric intervention.

Elderly with dementia: One of the most common neuropsychotic disorders among the elderly is dementia and related disorders. Dementia patients require basic mental status examination to document cognitive ability and/or functional loss. Many will suffer behavioral problems that require neuropsychosis management.

<u>Elderly with organic mental illnesses:</u> Many elderly suffer from disorders such as post stroke depression, personality disorders, medically induces deuterium or other organically based mental problems.

<u>Elderly with substance abuse problems:</u> Many elderly suffer from alcoholism and the inappropriate use of prescribed medication.

#### Admission Criteria/Procedures

Procedures for admission follow those of the Adult Outpatient Program. Depending on the setting, the referrals are made to the program through the attending physician or psychiatrist. An

assessment, along with appropriate testing is completed to determine the diagnosis and needs of the client.

## B. NATURE AND SCOPE OF PROGRAM

The services provided for the elderly may include the following:

- A. Psychiatric assessments by a well trained geriatric therapist who is part of a diagnostic team.
   Medical Director supervises all psychiatric intervention.
- B. Psychopharmacology management program with particular attention to follow up, medical problems, and side effects of psychotic medications (and other medications) on the elderly.
- C. Psychological support services include: individual, group, family, crisis intervention therapy and mental health consults. Group therapy will also be available for clients with dementia to assist in maintaining their current level of functioning. Individualized treatment plans will be developed for each client.
- D. Cognitive assessments such as mental status examination, geriatric depression scales will be utilized to assess basic level of functioning. Cognitively impaired patients require periodic reassessment to determine level of functioning, appropriate placement, and determination of competency.
- E. Educational programs relating to Geriatric Mental Health Issues are provided for medical health providers, patients, long term care providers and family members.

## Estimated Length of Treatment

The length of treatment-will depend upon the diagnosis, the setting of the treatment, the type of treatment, the rate of response, and the decision of the treatment team relating to progress of client.

# Goals and Objectives

- 1. To provide mental health services to all nursing homes in Madison County.
- 2. To provide services to the community by educating them as well as the patient and family.
- 3. To educate the general public, as well as, professional staff, regarding issues relating to mental health in the elderly.
- 4. To expand outpatient services to the elderly through the local mental health center, working with other professionals in the community as referral sources.
- 5. To avoid unnecessary commitment to state facilities through appropriate, effective interventions within the community.

# Staff

- A. Program Supervisor: To train staff, as well as community, supervise genatric staff, implement effective interventions, for patients and families, maintain a professional working relationship between mental health center nursing home, administrators, medical staff, civic/community leaders, and other professionals in the community. All other duties relative to the position.
- B. Geriatric Clinician (therapist): Masters degree therapists, who are familiar with finding support mechanisms, trained in assessing, testing, and diagnosing the geriatric population. A minimum of 40 hours of training is required with weekly/monthly continuous training.

C. Geriatric Service Assistant/Mental Health Technician: (Assistant, Behavioral Aide, Social Worker): Bachelors degree assistants that have completed the minimum 40-hour geriatric training program.

Facilities:

# C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Termination will be of two types, scheduled and unscheduled.

### Scheduled:

When a consumer has made significant goal progress and has generalized treatment gains, the primary therapist, and consumer will schedule termination.

## Unscheduled:

If a consumer stops participating without adequate progress toward goals and/or without consulting with their therapist for a period of one month termination will occur. If client decided to terminate services or expires will terminate.

# D. SERVICE AREA FOR PROGRAM

Geriatric Services shall provide to the adult population of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service are, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

# Injection Clinic

# A. ADMISSION/READMISSION

Available to all consumers of the Center whose psychiatrist (Center only) has placed him/her on injectable psychotropic medication.

When the psychiatrist places the consumer on an injectable medication, the consumer is automatically placed in this service.

### B. NATURE AND SCOPE OF PROGRAM

The Injection Clinic is a component of the Medical Support Services provided to consumers of all divisions of the Mental Health Center.

Injection clinics are available under the supervision of licensed nurses. Injections are given on a scheduled or STAT basis. Close attention is given to periodic psychiatric or psychological evaluation or re-evaluation. Consumers are seen at least once every three months by a clinician for follow-up and sometimes as often as once a week. They must be seen once every six months by appropriate medical personnel. Prescriptions are limited to five refills.

A nominal fee is charged for administration and purchase of the injectable. The clinic is open on Wednesday mornings from 9:00 a.m. - 12:00 noon and 1:00 p.m. - 4:30 p.m. Consumers who do not come for their scheduled injections are contacted and rescheduled.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Consumers are terminated from Injection Clinic when they are no longer on injectable medication.

## D. SERVICE AREA FOR PROGRAM

The Injection Clinic serves consumers on an outpatient basis and serves all Madison County citizens without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

# **Intensive Day Treatment**

### A. ADMISSION/READMISSION

The Adult Intensive Day Treatment program provides highly structured services designed to bridge acute treatment and less intensive services such as rehabilitative and outpatient with the goals of community living skills acquisition/enhancement, increased level of functioning, and enhanced community integration.

Prior to admission for each consumer, there must be approval by a Center Psychiatrist, Licensed Psychologist or Clinical Director, and a diagnosis.

# **Admission Criteria**

- 1. Presence of a psychiatric diagnosis
- Moderately disabling, persistent, chronic and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care
- 3. Symptoms that do not meet admission criteria for more intensive levels of care but do require the daily structure and supervision of a treatment-oriented therapeutic milieu
- Intensive Day Treatment can be reasonably expected to improve the consumer's symptoms, conditions, or functional level sufficient to permit transition a less intensive level of care

# B. Exclusionary Criteria

- 1. The consumer's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care
- 2. A less intensive level of care would be sufficient to provide treatment services for the consumer
- The consumer is experiencing mild persistent, chronic symptoms without acute
  exacerbation and less intensive levels of care can reasonably be expected to improve the
  consumer's symptoms, condition, and functional level

### B. REFERRALS

Referrals are made by primary therapists at the Mental Health Center or private practitioners of consumers who have been determined to have an identified need for Intensive Day Treatment and who have agreed to participate in the program.

An oral presentation of the consumer's needs and goals, along with a written referral, is reviewed by the Intensive Day Treatment staff to determine appropriateness of admission to the program.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

When the decision is made that Intensive Day Treatment is potentially beneficial, a starting date, schedule of attendance to include estimated length of stay, and transportation are arranged. Seldom is there a waiting list, allowing consumers to start the program as soon as possible.

Upon admission, each consumer is oriented to the program by the IDT clinician, and goals are determined within the limits of the program. Efforts are made to individualize the treatment and

assess to what degree each consumer can take responsibility for self. A principal goal is to facilitate independent living.

Adult Intensive Day Treatment provides at least 20 hours of service per week. Consumers are scheduled 3 to 5 days each week. For those consumers who are unable to attend 3 to 5 days per week or who are absent from the program for more than 48 hours to include weekend. When appropriate, documented evidence is provided to substantiate clinically why the consumer did not attend the minimum number of days.

## C. LENGTH OF STAY

The length of stay is limited to 6 months or less whenever possible. A client's stay in Intensive Day Treatment may be extended past the expected length of stay for the following reasons:

- Goals and objectives specified on the rehabilitative plan have not been substantially attained, new goals have been identified, or new problems have emerged.
- Further rehabilitative services can be reasonably expected to result in progress toward goals and objectives and/or continued stability.
- Continued treatment cannot be provided in less intensive levels of care (e.g., Rehabilitative Intensive Outpatient Program, case management, standard outpatient services) due to a reasonable risk of relapse and/or hospitalization.
- 4. Documented clinical judgment indicates that attempts to transition the consumer to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to need admission criteria.
- The psychiatrist, psychologist, or Clinical Director approves extending the length of stay for specified period of time, not to exceed 3 months per extension, to achieve clearly articulated clinical objectives.

Consumers may be readmitted to Intensive Day Treatment by meeting or admission criteria and procedures.

#### D. NATURE AND SCOPE OF PROGRAM

Intensive Day Treatment is a treatment-focused program with a combination of time-limited, goaloriented rehabilitative services designed to eliminate or reduce psychiatric symptoms. It provides assistance to clients who, 1) need to maximize available opportunities to learn the necessary selfhelp skills that permit their effective integration into the community, 2) need assistance in obtaining skills and information for dealing with problems of daily living, 3) need services to prevent hospitalization, and 4) need observation and/or evaluation.

Intensive Day Treatment constitutes active, intermediate level treatment that specifically addresses the consumer's impairments, deficits, and clinical needs. The following services must be available within the program as indicated by individual consumer need:

- 1. initial screening to evaluate the appropriateness of the consumer's participation in the program
- 2. development of an individualized treatment plan
- 3. medication evaluation and management
- 4. Individual, group, and family therapy
- 5. activity/recreational therapy (e.g. sports, leisure activities, hobbies, crafts, music, socialization, field trips)
- 6. social skills training (e.g. conversation and interpersonal skills)
- coping skills training (e.g. stress management, symptom management, problem solving)
- 8. utilization of community resources
- family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.

- basic living skills (e.g. Adult Basic Education, GED, shopping, cooking, housekeeping, grooming)
- 11. medication administration
- 12. medication monitoring
- 13. consumer education closely related to presenting problems such as diagnosis, symptoms, medications, etc. rather than academic training

Adult Intensive Day Treatment is open Monday through Friday, 8:00 to 12:00 noon. Each consumer receives a minimum of one hour of group therapy each week while enrolled in IDT. The number of clients in group therapy sessions does not exceed 15 individuals.

Adult Intensive Day Treatment activities are concentrated in Suite A Comprehensive Care of the Mental Health Center. Three group rooms, an arts and crafts room, a large commons area, a kitchen, and three private offices comprise the primary physical structure. All areas of the IDT program are accessible to those with disabilities.

### E. STAFFING

The Program Coordinator of AIDT is a master's level coordinator with two years post-direct Mental Health experience. In addition a Master's Level Therapist in counseling psychology provides direct daily therapeutic interventions with Post Master experience to consumers in AIDT. This individual is assisted by a BS Level Mental Health Technician.

## F. DISCHARGE CRITERIA AND PROCEDURE

When a consumer has made a significant goal progress and has generalized treatment gains beyond the Intensive Day Treatment setting, the primary therapist, Intensive Day Treatment staff and consumer schedule termination. All discharges are coordinated based on the discharge criteria and the consensus of the multi-disciplinary team made up of the Staff Psychiatrist, primary therapist, and Intensive Day Treatment staff. The multi-disciplinary team reviews readiness for discharge, continued care, and transfer to other programs.

Discharge criteria include the following:

- 1. Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care.
- Consumer's degree of impairment, severity of symptoms and level of functioning have improved enough to resume normal activities or to receive less intensive (e.g., Rehabilitative Intensive Outpatient Program, case management, standard outpatient) services.
- 3. Consumer's degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care.
- Consumer primarily needs support activities, socialization or custodial care that could be provided in other less intensive settings (e.g., drop-in center, Senior Citizen's Center, peer support group).
- Consumer is unwilling or unable to participate in or benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented effort to engage the consumer.

# Unscheduled Terminations:

If a consumer stops attending Intensive Day Treatment without adequate progress toward goals and/or without consult with the assigned therapist or Intensive Day Treatment staff for a period of two weeks, termination occurs. Efforts are made to contact the consumer after three consecutive absences to determine the client's status. If Intensive Day Treatment staff is successful in contacting the client and it is indicated that the client will not be returning to the program,

termination occurs in two weeks. If we are unable to contact the client, termination ensues in two weeks.

When clients have reached maximum benefits of this program, they may be transferred to the Rehabilitative Intensive Outpatient Program (RIOP) or the Triana Life Center, (T. L. C.), a program based on the psychosocial rehabilitative philosophy of care. This program provides weekly individual and group therapy and Basic Living Skills Training with the primary goals of community stabilization and social skills enhancement.

Unscheduled termination may also occur because of serious breaches of program rules, Intensive Day Treatment does not have the services consumer needs, and/or the consumer requires supervision beyond the capability of the staff. The client has the right to appeal termination.

Both scheduled and unscheduled terminated consumers from Intensive Day Treatment can continue to be seen as outpatients.

Suspensions may be imposed when there are breaches of Intensive Day Treatment rules or individual contracts. The consumer can continue to be seen as an outpatient during this period.

## G. SERVICE AREA FOR PROGRAM

Adult Intensive Day Treatment is provided to the adult SMI population of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services are provided regardless of the client's ability to pay to the extent that the financial stability of the program is not jeopardized.

# **Medical Support Services**

# A. ADMISSION/READMISISON

Subject to needs of other divisions.

## B. NATURE AND SCOPE OF PROGRAM

All active consumers of this division are required to have a psychiatric assessment every six months. The psychiatrists are also available for emergency face-to-face evaluations of consumers referred by nurses, therapists, or other primary care staff members. Nurses evaluate consumers on a scheduled or crisis basis and after consultation with psychiatrist, who may require face-to-face evaluation of consumer, medication may be prescribed. Medications can also be prescribed for consumers on an emergency basis. When a consumer is started on medication, initial medication monitoring is required within 5-14 days after the chemotherapy begins. Frequency of subsequent medication checks are made depending on consumer's symptomology and response to medications. These measures are essential to evaluate symptom complex and medication effects and/or side effects. Consumers are scheduled for psychiatric evaluations at the earliest available appointment.

Medical Services supports treatment programs of all active consumers and are available for consultation to Huntsville Hospital Psychiatric Unit, Huntsville Hospital Emergency Room staff and for consult with Mental Health Center emergency call workers in order to provide continuity of care. Psychiatrists facilitate medical student clerkships and provide in-service training for Mental Health Center staff.

# C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

### Termination Criteria:

A consumer's case is closed when he/she moves out of the catchment area, is dismissed I voluntarily, requests termination, continues to fail to attend appointments, or is deceased.

#### Termination Procedure:

The primary therapist is responsible for completing all clinical documentation relative to the termination of his/her consumer's case.

#### Transfer Criteria:

Consumers may be transferred from one division to another within the Mental Health Center system or to other agencies as indicated by consumer's needs.

### Transfer Procedure:

A team composed of psychiatrist, division coordinators, therapists, and R.N. will discuss consumer's case and, when a consensus is reached, consumer is transferred to appropriate division or agency.

# D. SERVICE AREA FOR PROGRAM:

Active consumers of the Center.

Center psychiatrists' services are designed to be supportive of the treatment plans developed and executed within the Center services. "Psychiatric medications only" referrals from private practitioners will not be accepted except as follows:

- A. The consumer is admitted to the Center's Day Treatment services and continues to be seen in therapy by his/her private practitioner;
- B. The consumer is admitted to the Center's Intensive Outpatient Substance Abuse services and continues to be seen in therapy by his/her private practitioner.

# Partial Hospitalization Program

### A. ADMISSION/READMISSION

Prior to admission for each client, there must be a verbal, telephone, or written order (all verbal and telephone orders must be co-signed by the attending physician within forty-eight hours).

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

# **B. TARGET POPULATION**

The Partial Hospitalization Program is provided to the adult population of Mental Health Center of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services are provided regardless of the client's ability to pay to the extent that the financial stability of the program is not jeopardized. The Partial Hospitalization Program is time limited to ensure that clients move to a less intense treatment environment.

### C. NATURE AND SCOPE OF PROGRAM

The Partial Hospitalization Program provides a daytime treatment program for psychiatric treatment to persons with serious mental illness who require resolution or stabilization of acute psychiatric symptoms yet not of a nature to present a severe or dangerous management problem in the home or community.

The following factors indicate the client requires more than outpatient care alone:

- 1. The client is judged to be unmanageable in outpatient treatment alone, so as to require the protected observation and coordinated therapeutic resources of an active treatment partial hospitalization. (Presence 100%)
- For those clients no longer requiring 24-hour care but not capable of assuming full
  responsibility for their lives. Without partial hospital programming, there would be an
  exacerbation of symptomatology. (Presence 100%)
- 3. In all instances, the consumer has symptom interference with social, vocational and/or educational functioning. (Presence 100%)

The therapeutic milieu is composed of a multidisciplinary team under the supervision of a psychiatrist. The other members of the program are a Program Coordinator who has a Masters Degree with at least 2 years of experience, an R.N. with at least 2 years of experience, and a Mental Health Technician.

In addition, the medical director is a licensed psychiatrist who shall be responsible for providing the following:

- 1. medication evaluation and management services
- evaluation of readiness for discharge and discharge order
- 3. periodic face-to-face assessment of the patient as medically/psychiatrically indicated, but not less often than monthly
- face-to-face evaluation and certification of need for continued stay on at least a monthly basis
- supervision of treatment staff

The team is focused on relieving psychiatric dysfunction so that the client can return to his premorbid level of functioning in the family and community. The goals are to:

1. prevent deterioration, relapse, or rehospitalization.

offer transitional treatment back into the community following an acute episode in the hospital.

3. improve levels of independent functioning.

4. develop skills to manage illness and provide family and patient education.

Key service functions include the following services delivered within the program indicated by individual client need:

 initial screening to evaluate the appropriateness of the patient's participation in the program

2. development of an Individualized Treatment Plan

3. medication evaluation and medication management

individual, group, and family therapy

- coping skills training closely related to the presenting problems e.g. stress management, assertiveness training, and problem solving as opposed to basic living skills such as money management, cooking, etc.
- 6. activity therapy closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.
- 7. medication administration
- 8. medication monitoring
- family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.
- patient education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training

### D. PROGRAM STRUCTURE AND ACTIVITIES

The Partial Hospitalization Program activities are concentrated in the Crisis Residential Services Program, House #35, Volunteer of America, 3911Triana Blvd. A large commons area, a kitchen, and office compose the primary physical structure. An open patio and well-kept grounds adjoin the commons area that are used for recreational and exercise activities.

The daily program begins at 8:30 A.M. and ends at 12:30 P.M. Transportation is provided by the Mental Health Center.

The program components are as required by individual client's needs:

- 1. Individual counseling/psychotherapy
- 2. Group counseling/psychotherapy
- 3. Medication management
- 4. Family or other personal support system evaluation/counseling/therapy
- 5. At least daily face-to-face services with the psychiatrist, but not less often than monthly
- 6. Personal hygiene training
- 7. Occupational services

Each client receives, at a minimum one hour per week of individual or group therapy unless clinically contraindicated. Groups do not exceed 15 clients.

# E. ADMISSION CRITERIA

The admission criteria includes, but is not limited to, the following inclusionary criteria:

1. Presence of a psychiatric diagnosis

 Due either to an acute onset of a severe and disabling psychiatric/psychological disorder or to an acute exacerbation of a severe and persistent mental illness, marked or severe impairment in multiple areas of daily life sufficient to make hospitalization very likely without admission to PHP 3. As an alternative to continued hospitalization

- 4. Severe persistent symptoms without acute exacerbation where significant clinical progress has not been made in a less intensive treatment setting and where PHP services are reasonably expected to improve the patient's symptoms, condition, or functional level
- 5. Admission ordered by psychiatrist

The admission criteria, at a minimum, addresses the following functioning criteria:

- 1. Inability to function adequately socially, occupationally, or academically
- 2. Severe anxiety or sever depression
- 3. Disabling somatic symptoms
- 4. Need of pharmacotherapy requiring observation
- 5. Unsuccessful attempts to halt or reverse illness on an outpatient basis
- Need for intensive treatment but inpatient care no longer warranted; outpatient care insufficient to maintain client

## F. DATA SUPPORTING ADMISSION CRITERIA

The client requires continued coordinated, intensive, and comprehensive treatment to facilitate recovery and transition back to the community, but no longer requires full hospitalization. The client should be able to tolerate a structured group situation and become involved in group as the primary treatment.

The client is capable of assuming responsibility for maintaining adequate functioning at the facility for active participation

The client resides within practical commuting distance from the program and has the capacity to travel independently

The client's family or significant others must be amenable to participate in treatment recommended by the attending physician (i.e., family therapy, conference with hospital personnel, etc.) Clients suffering from an acute crisis may be accepted, provided that they are not imminently suicidal, homicidal, or extremely agitated.

# G. ADMISSION PROCESS

Following a pre-admission screening, the admitting physician is responsible for determining whether the medical needs of the individual requires partial hospitalization and for writing the physician's order.

### H. ORIENTATION

Upon the client's admission, the client has an orientation of the Program, including a tour of the facility, explanation of the rules, responsibilities, and interpretation of the Consumer's Bill of Rights

### I. REFERRALS

Exclusionary criteria shall address the following:

- 1. client requires a more intensive level of care
- 2. client experiencing mild to moderate symptoms without acute exacerbation
- 3. less intensive levels of treatment can reasonably be expected to improve the patient's symptoms, condition, and functional level.

Referrals are made to the program by the Medical Director, local psychiatric hospital, probate court, olinicians, or private practitioners of clients who have been determined to have an identified need for PHP services and who have agreed to participate in the program. An oral presentation of consumer's needs and goals, along with a written referral, are reviewed by the multi-disciplinary team to determine appropriateness of admission to the program. When the decision is made that the PHP services are potentially beneficial, a starting date, schedule of attendance to include estimated length of stay, and transportation are arranged. There is seldom a waiting list that allows clients to start the program as soon as possible.

All patients receive a formal comprehensive assessment that are documented in the clinical record. This assessment addresses medical, emotional, behavioral, social, recreational, legal, and nutritional needs and resources of the client. Resultantly, a treatment plan is formalized to identify areas of therapeutic focus, treatment objectives, and methods that are used to achieve a positive outcome.

### J. ATTENDANCE

Partial Hospitalization Services are provided at least 20 hours per week and operate a minimum of 4 hours per week. Clients are scheduled 5 days per week. For those clients who are unable to attend 3 to 5 days per week, there is documented evidence to substantiate clinically why the client did not attend the minimum number of days. Therapeutic activities in the form of Basic Living Skills and Group Therapy will be provided over 5 days per week and over the weekend.

#### K. LENGTH OF STAY

The expected length of stay is not more than 3 months unless clinically justified. Clients may remain in Partial Hospitalization if admission symptomatology has not significantly improved or has exacerbated, not to exceed 6 months. If this occurs:

- goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged
- further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability
- continued treatment cannot be provided in less intensive levels of care due to a reasonable risk of relapse and/or hospitalization
- documented clinical judgment indicates that attempts to transition the patient to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria
- 5. the psychiatrist certifies the need to extend the length of stay for a specified period of time not to exceed three one-month extensions to achieve clearly articulated clinical objectives.

The multidisciplinary team meets 5 days per week for a review staffing of each client's treatment plan. A disposition regarding discharge is made at the daily multi-disciplinary program treatment team meetings.

# L. DISCHARGE CRITERIA

Discharge Criteria includes the following:

- Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care
- Client's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities (school, work, home) or to receive less intensive services (e.g. intensive day treatment, rehabilitative day program, standard out patient services, case management, etc.)
- Client's degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care
- Client primarily needs support, activities, socialization, custodial, respite, or recreational care that could be provided in other less intensive settings (e.g. drop-in center, senior citizens' center, peer support group)
- 5. Client is unwilling or unable to participate in or benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the client.

# M. TERMINATION/TRANSFER

Consumers are terminated based on the consumer's clinical need.

# **Rehabilitative Intensive Outpatient Program**

### A. ADMISSION/READMISSION

The Rehabilitative Intensive Outpatient Program (RIOP) is based on the psychosocial rehabilitative philosophy of care. RIOP provides weekly individual and group therapy and Basic Living Skills Training with the primary goals of stabilization to prevent re-hospitalization, increase social skills enhancement, illness management, and to maintain community living.

Prior to admission for each consumer, there must be a clinical diagnosis. The following Admission. Criteria documents the client's need for services at the Rehabilitative Intensive Outpatient Program:

- 1. Psychiatrically stable
- 2. Inadequate developed self-care skills
- 3. Inadequate knowledge of application of community living skills.
- 4. Poor interpersonal skills
- 5. History of long-term mental illness
- 6. Supported Employment

Consumers who are deaf will have communication access provided by bilingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.

#### Procedure:

An oral presentation of the consumer's needs and goals, along with a written referral is required by the treatment team for RIOP admission. When the decision is made that RIOP will be potentially beneficial and appropriate, a starting date, schedule of attendance and transportation are arranged. The consumer is then transferred to a therapist at RIOP and is scheduled to see the psychiatrist every 6 months at this program site.

Exclusionary criteria must include the following:

- 1. The person's level of functioning requires a more intensive level of care
- 2. A less intensive level of care is sufficient to meet the individual's needs
- The Individual is not experiencing mild or moderate persistent, chronic symptoms, impairments in one of more areas of daily life, difficulty attaining and sustaining life goals and/or problems with community integration

## B. REFERRALS

Consumers are referred to the RIOP program by their primary therapist from Intensive Day Treatment.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

## C. LENGTH OF STAY

Length of stay is long-term, depending on client's individual needs for the program.

### Attendance:

Consumers are scheduled to attend a minimum of 3 days per week. The number of days of attendance is determined by the consumer's level of function and/or psychiatric stability. Consumers are given flexible hours to attend the program.

For those consumers who do not attend regularly, documented reasons will need to be provided and an explanation for each absence.

Continued stay criteria include the following:

- Goals and objectives specified on the rehabilitative plan have not been substantially attained, new goals have been identified, or new problems have emerged
- Further rehabilitative services can be reasonably expected to result in progress toward goals and objectives and/or continued stability
- The individual's degree of impairment, disability, and level of functioning have not improved sufficiently to allow continued recovery in a less intensive level of care
- 4. The individual does not require a more intensive level of care

### D. NATURE AND SCOPE OF PROGRAM

The Rehabilitative Intensive Outpatient Program provides a daytime treatment for a diverse population of adult clients with a psychiatric diagnosis who, 1) need to maximize available opportunities to learn the necessary self-help skills to increase community interaction, 2) need assistance in obtaining skills and information for dealing with problems of daily living, 3) need to develop support networks.

In an effort to increase skills and life goals, a vocational track is a component of the Rehabilitative Intensive Outpatient Program. The Vista Vocational Track offers employment assistance. These services are designed to help consumers attain and sustain volunteer work, part-time employment, or full-time employment. The Vista Vocational Track includes those clients who have achieved a level of recovery that indicates a readiness for entry into the world of work. Vista provides, in cooperation with VRS, assistance with assessment on the job, job development, job coaching, and on-going support. VRS provides a design to guide consumers in a structured vocational plan. This plan is call Milestones.

The Milestones program includes:

Milestone I:

**Determination of Need** 

Milestone II:

HIRE

Milestone III:

Job Retention

Milestone IV: Milestone V:

Stabilization Closure

Readmission Criteria:

Consumers are readmitted to RIOP by staffing with the Treatment Team and following Admissions Criteria and Procedures.

### E. DISCHARGE CRITERIA AND PROCEDURE

If it is determined that the consumer no longer meets the criteria for RIOP, the consumer is referred back to the MICS Coordinator to be reassigned to another program that meets the consumer's needs.

# F. SERVICE AREA FOR PROGRAM

The Rehabilitative Intensive Outpatient Program shall be provided to the adult population of Madison County with psychiatric problems without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area,

except as provided in the admission criteria. The majority of clients served in RIOP have a major mental illness.

Clients enrolled in RIOP are working towards recovery, are psychiatrically stable, and are independent in community living.

The RDP constitutes active structured, rehabilitative interventions that specifically address the individual's life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The RDP includes an initial screening, an individualized treatment plan, and the following rehabilitative services based on our specific focus of the program and the needs and preferences of consumers participating in the program:

- 1. initials screening to evaluate the appropriateness of the person's participation in the program
- 2. development of an individualized treatment plan
- structured work oriented activities (e.g. learning and practicing god work habits and/or developing skills to help consumers prepare for specific jobs appropriate to their level of ability
- 4. educational skills (e.g. Adult Basic Education, GED, computer skills, support and assistance with returning to school)
- employment assistance (services designed to help consumer attain/sustain volunteer work, part-time employment, or a full-time job)
- goal oriented groups (e.g. groups designed to help consumers identify, discuss, achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family, etc.)
- 7. one-to-one goal oriented sessions (e.g. one-to-one services designed to help a consumer identify, discuss achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family, etc.)
- 8. skill building (e.g. skills training sessions focused on learning, improving and maintaining daily living skills such as grocery shopping, use of public transportation, social skills, budgeting, laundry, and housekeeping to help consumers develop and maintain the skills they need to achieve and/or sustain personal life goals)
- 9. utilization of community resources.

Rehabilitative Program Services is open Monday through Friday, 8:00 to 12:00 p.m.. Each consumer will receive a minimum of one hour of group therapy each week while enrolled in RDPS. The number of clients in group therapy sessions will not exceed 15 individuals.

Rehabilitative Day Program Services (RDPS) activities are concentrated on the first floor level of the Mental Health Center. Two group rooms, an arts and crafts room, a large commons area, a kitchen, and four private offices comprise the primary physical structure. An open patio and well-kept grounds adjoin the commons are used for exercise and recreational activities. All areas of the RDPS program are accessible to those with disabilities.

# E. DISCHARGE CRITERIA AND PROCEDURE

Discharge criteria includes the following:

- 1. Rehabilitative goals have been met and the individual no longer needs this type of service.
- Less intensive levels of care can reasonably be expected to improve or maintain the individual's level of symptom remission, condition, functional level, quality of life, attainment of life goals and recovery.
- 3. The degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care.

- 4. The individual primarily needs support, activities, socialization, or custodial care that could be provided in other less intensive settings (e.g., peer support group, drop-in center, or senior citizen's center).
- 5. The individual chooses not to participate.

Unscheduled terminations: If a consumer stops attending RDPS without adequate progress toward goals and/or without consult with the assigned therapist or RDPS staff for a period of two weeks, termination will occur. Efforts are made to contact the consumer after three consecutive absences to determine the client's status. If RDPS is successful in contacting the client and it is indicated that the client will not be returning to the program, termination will occur in two weeks. If we are unable to contact the client, termination will ensue in two weeks.

Unscheduled termination may also occur because of serious breaches of program rules, and/or because RDPS does not have the services the client needs and/or the consumer requires supervision beyond the capability of the staff. The client will have the right to appeal termination.

Both scheduled and unscheduled terminated consumers from RDPS can continue to be seen as outpatients.

Suspensions may be imposed when there are breaches of RDPS rules or individual contracts. The client can continue to be seen as an outpatient during this period.

### F. SERVICE AREA FOR PROGRAM

Rehabilitative Day Program Services are provided to the adult population of Madison County with psychiatric problems without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. The majority of clients served in RDP have a major mental illness. Clients are working towards recovery and are psychiatrically stable and independence in community living. Further, services are provided regardless of the client's ability to pay to the extent that the financial stability of the program is not jeopardized.

# Triana Life Center Mental Illness Intensive Outpatient Program

### A. ADMISSION/READMISSION

The Triana Life Center (TLC) Intensive Outpatient Program is based on the psychosocial rehabilitative philosophy of care. TLC provides weekly individual and group therapy and Basic Living Skills Training with the primary goals of stabilization to prevent rehospitalization, social skills enhancement, and community living.

### Level | Consumer

# Admission Criteria

- 1. Psychiatrically stable
- 2. Inadequate developed self-care skills
- 3. Inadequate knowledge of application of community living skills.
- 4. Poor interpersonal skills
- 5. History of long-term mental illness

# Level II Respite Consumer

# Admission Criteria

- 1. Exhibits psychiatric symptoms of sufficient severity to bring to bring about significant or profound impairment in day to day social, vocational, and/or educational functioning.
- Exhibit adequate control over his/her behavior and is judged not to be immediately dangerous to self or others.
- 3. Failed to make sufficient clinical gains within a traditional outpatient setting.
- 4. Ready for discharge from an inpatient setting but is judged to be in continued need of daily monitoring, support and ongoing therapeutic intervention.

Prior to admission for each consumer, there must be a clinical diagnosis,

#### Procedure:

Consumers are referred to the TLC Program by their Individual Therapist. The Day Treatment Coordinator reviews an oral presentation of the consumer's needs and goals, along with a written referral. When the decision is made that TLC will be potentially beneficial and appropriate, a starting date, schedule of attendance and transportation are arranged. The consumer is then transferred to a therapist at TLC and is scheduled to see the psychiatrist every 6 months at this program site.

### B. REFERRALS

Consumers are referred to the TLC program by their primary therapist in the MICS division and from Intensive and Rehabilitative Day Treatment.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

# C. LENGTH OF STAY

Length of stay is long-term, depending on client's individual needs for the program.

### Attendance:

Consumers are scheduled to attend a minimum of 3 days per week. The number of days of attendance is determined by the consumer's level of function and/or psychiatric stability. Consumers are given flexible hours to attend the program.

For those consumers who do not attend regularly, documented reasons will need to provide an explanation for each absence.

### Readmission Criteria:

Consumers are readmitted to the TLC Program by meeting with the Day Treatment Coordinator and following Admissions Criteria and Procedures.

# D. NATURE AND SCOPE OF PROGRAM

The Triana Life Center Outpatient Program (TLC) was developed to meet the needs of consumers +who have reached their maximum benefit from Intensive and Rehabilitative Day Program. Day Treatment, group therapy, individual therapy and medication monitoring to the adult consumer with a psychiatric diagnosis. This program provides services for consumers who are preserving independent living.

The program is located at 3911-D Triana Boulevard in Huntsville and operated from 8:00 to 5:00 Monday through Thursday and 8:00 to 12:00 on Friday.

Staffing for the Triana Life Center Program includes an LPC therapist, 1 LCSW therapist and 1 Mental Health Technician.

# E. DISCHARGE CRITERIA AND PROCEDURE

If it is determined that the consumer no longer meets the criteria for TLC, the consumer is referred back to the MICS Coordinator to be reassigned to another program that meets the consumer's needs.

# F. SERVICE AREA FOR PROGRAM

Triana Life Center Program Services shall be provided to the adult population of Madison County with psychiatric problems without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. The majority of clients served in TLC have a major mental illness. Clients are working towards recovery and are psychiatrically stable and independent in community living.

# **Case Management/Residential Services**

# A. ADMISSION/READMISSION

This program serves all Seriously Mentally III in Madison County as defined by DMH/MR.

Consumers are assigned to this service through referrals from any and all community agencies, Crestwood Hospital, Huntsville Hospital, and North Alabama Regional Hospital, other Mental Health Center divisions, any individual in the community or self-referrals.

# B. NATURE AND SCOPE OF PROGRAM

The case management program provides services to the SMI population as defined by DMH/MR. The nature of this program is to fill the gap in the continuum between existing centralized Mental Health Center services that require consumer initiative to receive. This program is an outreach and mobile program that coordinates the full range of social, personal, financial, medical, psychiatric, and transportation services.

The following services are delivered within this program:

- 1. A systematic determination of the specific human service needs of each consumer,
- 2. The development of a systematic consumer coordinated written plan that is developed within the month following the month of intake unless services terminate earlier and lists the actions necessary to meet the needs of each consumer.
- 3. Assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers;
- 4. The direct delivery, or the arrangement for, transportation to needed services if the consumer is unable to transport himself;
- Establishing links between the consumer and service providers or other community resources;
- 6. Advocating for and developing access to needed services on the consumer's behalf when the consumer himself is unable to do so alone;
- 7. Monitoring the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan;
- 8. Systematic reevaluation at 6 months after intake and intervals of 12 months thereafter, of the consumer's human service needs and the consumer's progress toward planned goals so that the established plans can be continued or revised.

### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### Termination:

A consumer is terminated from the case management program when he/she moves out of the catchment area, no longer requires case management services as determined by the needs assessment, or is deceased.

## Transfer:

Although the consumers continue to be served by the case management program, they may be assigned a primary therapist at the Mental Health Center who is responsible for meeting therapeutic needs and may be transferred within services based on transfer criteria of the service.

# D. SERVICE AREA OF PROGRAM

Case Management provides outreach and mobile services that coordinate the full range of social, personal, financial, medical, psychiatric, and transportation needs of the identified population.

Seriously mentally ill persons in Madison County who meet the criteria by DMH/MR.

# **Residential and Foster Care Program**

### A. ADMISSION/READMISSION

To be admitted, the applicant must meet the following:

- 1. be at least 18 years of age;
- 2. have the ability to evacuate the facility in case of emergencies;
- have adequate self-care skills (e.g., personal hygiene, grooming, eating, use of telephone);
- 4. be in need of protective oversight 24 hours a day;
- 5. have deficits in social role and daily living skills;
- 6. have the ability to understand and willingness to abide by the program rules;
- 7. have adequate skills in the use of hot water above 110 degrees Fahrenheit;
- 8. need medication supervision that can be provided in accordance with the limitations of the program and in compliance with physician's written orders;
- 9. have no diagnosis of mental retardation;
- 10. have no diagnosis of alcoholism or drug abuse;
- 11. have no history of murder, rape, arson, or child molestation (exceptions based upon history and/or clinical judgment);
- 12. have no history of repetitive combative behavior (exceptions based upon history and/or clinical judgment);
- 13. be presently unable to function in a less restrictive environment.

Applications are accepted from all sources. The Program Supervisor and Division Director reviews the completed application and determines whether the individual meets the eligibility requirements of the program. If accepted, the individual will be allowed a two-week trial visit whenever space will permit. If there are no vacancies, the applicant's name is placed on a waiting list.

During the two-week trial visit, the applicant's needs are further evaluated and a residential treatment plan is initiated with input from the applicant.

Length of stay varies. The program has no time limit and the consumer is generally allowed to stay as long as the services are meeting his/her needs, there are no extenuating circumstances that would dictate the consumer's leaving the facility, and the placement continues to be the least restrictive residential setting in which the individual can be served.

When services are denied, the applicant is referred to other agencies that might more effectively meet the needs.

## B. NATURE AND SCOPE OF PROGRAM

The Residential Care Home Program is a cooperative effort of the Mental Health Center and the Volunteers of America of North Alabama (VOANA). A stable, healthy living environment is provided for the consumers served. Training is available to assist the consumer in acquiring skills necessary to cope effectively with his/her illness and to achieve maximum control over his/her own destiny.

Goals are for the individuals served to be provided with the opportunity to realize his/her fullest potential and to be served in the least restrictive environment possible.

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Termination:

Criteria for successful completion of the program are that the individual has demonstrated:

- being free from debilitating or recurring psychosis for a minimum of six months and adequate skills in managing his/her mental illness;
- 2. ability and willingness to continue self-administration of his/her medication in accordance with his/her doctor's prescriptions or orders;
- ability to maintain necessary interpersonal relations with significant others in his/her environment (e.g., doctors, therapist, employer, family, friends);
- ability to care for possessions and to acquire necessities (e.g., food, shelter, clothing, medication);
- 5. ability to cook simple meals, maintain good personal hygiene, laundry, and attend to other basic needs in living independently; and,
- 6. ability to budget resources effectively.

Discharge from the program can result if the individual exhibits:

- 1. severe assaultive or destructive behavior,
- 2. sexually inappropriate behaviors that are illegal and/or dangerous;
- impaired judgment that results in putting others or him/herself at risk of serious physical/psychological harm;
- 4. repeated disruptive or noncompliant behavior to the extent that the operation of the program is impeded and the rights of the other residents are transgressed.

### Transfer:

When the consumer has progressed sufficiently as determined by the appropriate program staff to warrant a less or more restrictive environment, a recommendation is made for transfer.

## D. SERVICE AREA FOR PROGRAM

Residential Care Home provides residential care for adult (18 years old and older) seriously mentally ill (SMI) individuals needing community services to avoid hospitalization and/or institutionalization.

# **Hospital Avoidance Program**

### A. ADMISSION/READMISSION

Persons who are at risk for state hospital admission. Consumers are assigned to this service through referrals from any and all community agencies, Huntsville Hospital, North Alabama Regional Hospital, Madison County Probate Court, Attorney's office, Mental Health Center's Admissions and Emergency Services, any individual in the community or self-referrals.

# B. NATURE AND SCOPE OF PROGRAM

This service is provided to avoid unnecessary hospitalizations and to assist in the deinstitutionalization of individuals who are hospitalized. HAP Team will undertake to reduce admission/readmission to state hospitals by ten percent, which will ultimately reduce the number of bed days at the state hospital by having intensive management in the community. This is facilitated by close coordination between NARH and HMCMHC during discharge planning activities. The HAP team attends biweekly discharge planning at NARH. Consumers who are discharged from NARH with a history of multi-admissions are immediately placed on the HAP team's caseload.

Joint treatment planning begins during the first contact with the individual therapist at the HMCMHC and the HAP team member. Close coordination with family members or support network is accomplished by regular in-home contact and intervention as needed. In addition, the HAP team members have developed a direct liaison with the guardian ad litem (attorney's) office to receive Information on unsubstantiated commitment requests so that rapid intervention can be initiated before commitment requests can be made.

A liaison with the Madison County Probate Court provides a reporting feedback system that enables the HAP team to be aware of all involuntary commitment petitions that are not carried through to completion or that are dropped for lack of an overt act. Finally, the HAP team will make daily to weekly contacts with targeted high-risk caseload through face-to-face contact, telephone intervention, and community support networks. The mobility of this team allows for home delivery of medications, which includes the capability of on-site injections. The HAP team is supported by medical direction from a psychiatrist (Center Medical Director), in-house crisis specialist, therapist and short-term hospitalization at the local in-patient unit.

### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### Termination

A consumer is terminated from the HAP team when he/she moves out of the catchment area, no longer requires crisis case management services as determined by the needs assessment, or is deceased. He/she will be referred to generic case management as needed.

### Transfer.

Although the consumers continue to be served by the HAP team, they may be assigned a primary therapist at the MHC who is responsible for meeting therapeutic needs and may be transferred within services based on transfer criteria of the service.

## D. SERVICE AREA OF PROGRAM

HAP serves the adult population of Madison County who have previously been diagnosed as having one of the major mental disorders (e.g., schizophrenia, bipolar disorder, etc.) and who have had at least one prior commitment. The second major group served is adults previously unknown to the HMCMHC whose illness is causing a crisis for them and for their family or support system. HAP is designed to be an intense, short-term program with a limited caseload.

# Case Management/Residential Services Addendum

The following programs are a part of Supportive/Outreach Services in the Case Management/Residential Services Division. These service area include: Respite Care, Community Liaison, and Shelter Plus Care Program, Sun Point / Sun Ray, Forensic Case Management, Grandview Estates Foster Home/Apartment Program and Mental Health Court. While some of these programs do have <a href="mailto:specific">specific</a> standards, they are subject to the State Department of Mental Health/Mental Retardation's quality assurance and certification standards. The Shelter Plus Care and Respite Care Programs are reviewed by DMH/MR on an individual basis for compliance with facility standards. It is noted that certification and re-certification of these programs are carried out in a review process separate to that of the other Mental Health Center programs listed in our Clinical Policies and Procedures Manual. All Case Management subprograms are governed by DMH/MR Case Management standards.

We have also included service descriptions of residential services and foster care since they have specific standards, which are reviewed and monitored by the Residential Services Director of DMH/MR.

# **Community Liaison**

#### A. ADMISSION/READMISSION

This service provides assistance to citizens who were formerly hospitalized and who are presently living in community settings.

When a referral occurs, the community liaison evaluates the prospective consumer, identifies the type placement needed, researches the availability of such a bed, reviews placement options with the consumer, then facilitates the consumer's admission. At times, the community liaison may transport the consumer to the program.

#### B. NATURE AND SCOPE OF PROGRAM

The nature of this program is to provide services necessary to maintain quality of care to consumers in foster homes and nursing homes which may include but are not limited to monitoring of financial status of consumer, monitor special needs (e.g., medical assessment) and monitor therapeutic treatment as appropriately assessed.

#### C. TERMINATION/TRANSFER

N/A

#### D. SERVICE AREA FOR PROGRAM

Seriously mentally ill persons who have been hospitalized and are in need of community placement.

### **Grandview Estates**

1176 New Market Road New Market, AL 35761 (256) 679 7823

Grandview Estates are magnificently beautiful and spacious apartment, cottage and foster home living for severely mentally—ill adults, nestled in northeast Madison County, in a natural and peaceful setting. The homes rest on 7 acres overlooking tranquil, sloping and winding valleys, surrounded by lush green rolling hills and sky blue mountain peaks. Our one-of-a-kind home sites are superbly detailed with architectural and landscape standards that ensure top quality living, to include modern fire detection and sprinkler systems. Tucked away in the lush green valleys and the rolling mountains of the Appalachians, Grandview Estates' natural beauty, awesome views and manicured landscaping will be preserved for generations to come.

Recreational and social opportunities abound at Grandview Estates, with nature trails, fishing, canoeing, rodeo, swimming, hiking, picnicking and camping just minutes away at the 300acre Sharon Johnston Park and County Lake. Basketball, football, and worship activities lie at the heart of this residential community, with its many warm and friendly schools and churches nearby.

Grandview Estates enables residents to live assisted or semi-independently. Its home where the quality of life is enhanced with responsibilities that become daily and routine habits.

Our non-medical caregivers assist with:

Daily housekeeping services Health services: monitoring, supervision or assistance Weekly personal laundry & linen services Arranging barber appointments Medication Management Meal Planning / Preparation & Clean - Up All utilities, cable & local telephone paid Three Nutritious meals served daily Bath, Grooming & meal time reminders Attending Church Services & Community Activities Weekly Personal Shopping & Dining Out Attending Sporting Activities Communication & Social Skills 24-hour specially -trained on site staff Maintaining Activity Calendar & Birthday reminders Preparing shopping list Scheduled Transportation Discussing Current Events & Monitoring TV. usage Out -of - town vacations Facility Maintenance Select diabetic care Weather Awareness

Escort assistance to & from meals & activities held away from living facility

42

### **Shelter Plus Care Program**

#### A. ADMISSION/READMISSION

Admission into the program is made by a multi-disciplinary treatment team of the MHCMC, which includes the Coordinator of the Mental Illness Community Service Division, Supervisor of Case Management, case manager(s), therapist(s), and/or referral source.

#### Admission Criteria

- 1. Homelessness
- Serious mental illness
- Psychiatric and medical stability
- Independent living skills

The final selection process requires majority decision by the treatment team for admission into the program.

Consumers are notified in writing within three days of the decision made by the selection committee.

#### Referrals

- As a result of outreach efforts, individuals who reside in shelters, missions, transitional living situations, non-permanent housing (e.g., motels) and dwellings not intended for human habitation will be referred to Shelter Plus Care Program.
- Referrals also my be provided by the MHCMC's clinical staff who are serving the SMI population who meet the definition of homeless.
- Referrals may be accepted from local community agencies in accessing alternative housing.

Denials of Admission or those not approved for placement into the program are assisted in accessing alternative housing.

#### B. NATURE AND SCOPE OF PROGRAM

The Shelter Plus Care Program is designed to provide homeless persons with disabilities, primarily those with serious mental illness. It has been proven that consumers are most successful in maintaining independent living when they are provided immediate on-site intervention.

The Shelter Plus Care Program consists of thirty-six one-bedroom apartment units and four two-bedroom apartment units. The tenants who occupy these units enter into a sublease agreement with the HMCMHC. In return for housing, the tenant follows the MHC's Supportive Plan, including meeting the goals and objectives outlined in that plan. The sublease agreement also lists all other tenants and/or conditions the tenant must agree to in order to occupy a unit.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Terminations will be based on the consumer's lack of compliance with the treatment program as outlined in the consumer's Assisted Housing Agreement. Due process will be followed for the resolution of any complaints or legal actions in the course of administering this program.

#### D. SERVICE AREA FOR PROGRAM

The Shelter Plus Care Program provides rental assistance with supportive services to eligible individuals who meet the definition of homeless accepted by the Department of Housing and Urban Development and of Seriously Mentally III (SMI) as defined by DMH/MR.

Homeless persons are those who are sleeping in shelters or in places not meant for human habitation, such as cars, parks, sidewalks or abandoned buildings. Such persons who spend a short time (30 consecutive days or less) in a hospital or other institution will still be considered homeless upon discharge from the facility.

To avoid the trauma and disruption caused by sleeping on the street or in a shelter, persons will also be considered to be homeless if: (1) they are being evicted within the week from dwelling units or are persons being discharged within the week from institutions in which they have been residents for more than 30 consecutive days; and (2) no subsequent residences have been identified; and Persons leaving transitional housing designed for homeless persons are considered homeless and may enter McKinney Act permanent flousing programs. They are also eligible for the Federal selection preference to receive PHA administered housing assistance.

# **SunPoint Personal Development Program**

#### A. NATURE AND SCOPE OF THE PROGRAM

The Mental Health Center of Madison County (MHCMC), provides profective oversight and residential psychiatric care through the SunPoint Personal Development Program. The target population includes anyone 18 years or older, who meets the admission criteria and whose admittance to the program may prevent institutionalization. Program referrals are not limited to the MHCMC's catchment area, but may include referrals from State Mental Health facilities. Admittance and referrals are based upon clinical staff determination that the client can benefit from placement after hospitalization or to prevent hospitalization.

#### B. PROGRAM GOALS

The purpose of SunPoint Personal Development Program is to provide an alternative to long term and/or inappropriate institutionalization in state mental health facilities. This is accomplished by providing 24 hours a day Protective Oversight and Residential Services to clients with the goal of preparing those who would otherwise be institutionalized, for a full and independent reintegration back into the community.

#### PROGRAM OBJECTIVES

- 1. to prevent re-hospitalization
- to maximize academic education and/or vocational training for clients determined ready and referred
- 3. to maximize successful community placement
- 4. to maintain successful community placement

The program objectives are designed to support the assumption that successful delivery of services is indicated by a resident's ability to function appropriately in community placement for twelve months or longer after transfer from the program.

#### C. ADMISSION CRITERIA

The SunPoint Personal Development Program provides services to 8 clients who are 18 years of age or older and are emotionally/mentally disturbed and cannot be treated appropriately on an outpatient or partial care basis. Those treated must voluntarily accept treatment and must be able to participate in and benefit from services offered by SunPoint Personal Development Program. Specific admission criteria are enumerated below.

The program offers treatment and rehabilitation in a residential setting for persons who:

- 1. are eighteen (18) years of age or older unless otherwise mutually agreed upon
- 2. have and identified psychiatric disorder as defined by the Diagnostic and Statistical Manual (DSM IV) of the American Psychiatric Association
- are free of airborne contagious diseases and have no physical impairments or mental conditions which would preclude active involvement in the treatment program. (To the extent possible, institutional referrals will also be provided necessary dental and visual corrective devices by the institution prior to their placement into the SunPoint Personal Development Program)
- must be willing to sign an admission form unless otherwise mutually agreed upon between the referring institution and the facility
- 5. have potential for assuming some responsibility for personal care
- 6. have the ability to understand and willingness to abide by the program rules

7. have the ability to evacuate the facility in case of emergency

8. be in need of protective oversight 24 hours a day

- 9. have adequate skills in the use of hot water above 110 degrees Fahrenheit
- need medication supervision that can be provided in accordance with the limitations of the program and in compliance with physician's written orders
- 11. be presently unable to function in a less restrictive environment

#### Types of individual behavior which qualify for admission include:

- adequate, but poorly developed, self-care skills (unkempt, carelessly groomed, poor hygiene, etc.)
- inadequate knowledge and/or inadequate competency in application of community living skills. (Doesn't know how to use public transportation, can't find way back home unassisted, can't use public telephones, etc.)
- inadequate daily/independent living skills (use of washer and limited cooking, menu planning, and shopping skills)
- 4. poor socialization skills (doesn't initiate or respond to oral communication, exhibits social isolation, withdraws when approached in a social setting)
- 5. poor self-control (inappropriate sexual verbalization) inappropriate verbal aggressiveness; limited ability to focus on given tasks or activities
- poor insight into personal problems/illness
- 7. inadequate problem-solving skill
- 8. inappropriate attention seeking behaviors
- 9. institutionalized behavior (excessive dependency, sedentary, etc)
- 10. poor interpersonal skill (Begging behavior, and periodic temper tantrum behavior which is non-destructive to the physical environment)
- 11. irrational anger
- 12. depression
- 13. irresponsible behavior (poor money management, exploitative behavior, etc.)
- 14. anxiety

#### Types of individual behaviors which do not qualify for admission include:

- 1. active alcohol or drug abuse
- 2. active suicidal behavior or threats
- 3. active homicidal behavior or threats
- 4. active self-mutilation
- 5. active assaultive behavior occurring independent of provocation and resulting from the patient's mental illness
- 6. active destructive behavior

NOTE: Numbers 1-6 – Active is defined as any incident of the above activities which has occurred within the past six (6) weeks prior to screening for admission to the SunPoint Personal Development Program.

- 7. Primary physical disorders (serious illnesses that require hospital care)
- 8. severe psychotic behaviors (persistent hallucinatory behavior that is disruptive of the client's routine tenaciously held delusions ideas of a persecutory or grandiose type that could result in program's disruption or overt destructiveness and confusion and disorientation to an extent the individual is unable to be restrained by verbal means)
- individuals requiring restrictive means of control (physical restraint or excessively medicating) for the purpose of restricting the client's activity
- 10. seizures not controlled by medication
- unstable response to psychotropic medication regimen (Patient should be stable on present medication prior to release.)
- 12. have no primary diagnosis of mental retardation
- 13. have no primary diagnosis of alcoholism or drug abuse

 have no history of repetitive combative behavior (exceptions based upon history and/or clinical judgment)

15. have no history of murder, rape, arson, or child molestation (exceptions based upon history and/or clinical judgment)

Individuals considered only after special review of the specific cases

1. Jacking minimal self care skills (feeding, bathing, dressing and/or toileting)

2. individuals having history of drug or alcohol abuse

3. pending legal action involving a felony or repeated criminal offenses.

Any of the items in Sections A, B, or C alone will not constitute adequate justification for acceptance to, or denial of services. When services are denied the applicant is referred to other agencies that might more effectively meet the needs of the applicant.

#### D. CLIENTS SERVED

Individuals who are 18 years old and above who meet the admission criteria and have been screened in clinical staffing by the HMCMHC or the SunPoint Program Supervisor in conjunction with the Coordinator of Case Management/Residential Services and have been determined able and willing to participate in and benefit from the SunPoint Personal Development Program will be served. The SunPoint Program Supervisor, the Coordinator of Case Management/Residential Services, and the HMCMHC as appropriate will screen all referrals. All clients are required to pay 75% of any income or resources for the SunPoint Personal Development Program services while a resident.

#### E. SERVICES PROVIDED

The SunPoint Personal Development Program provides Protective Oversight, and Residential psychiatric care on a 24-hour per day basis for a period of time appropriate to the individual resident's needs. This includes treatment in the form of supportive, individual resident's needs. This includes treatment in the form of supportive, individual counseling/therapy, group therapy, collateral therapy, chemotherapy and chemomonitoring provided by the HMCMHC medical and clinical staff and participation in educational/training groups. All services are designed to enhance the individual's ability to function as independently as possible. An appropriate approach to therapy is utilized after consideration of what is most beneficial for the individual client or a particular population residing at the SunPoint Personal Development Program. The following educational/training groups are provided as needed:

- Money Management group is utilized to assist clients in learning how to establish a budget as well as stay within a budget on a monthly or weekly basis. Other Items discussed may include banking practices, comparative shopping, necessity spending, and other independent living skills as appropriate.
- 2. Exercise group and stress management training are utilized to promote good physical health, relief of tension and stress. Residents may take walks in the neighborhood and/or participate in physical exercise and stress reduction training on site.
- 3. Daily living/independent living skills group training aids clients in learning the practical skills of self-care. Areas discussed include cleanliness of skin, hair, nails, and teeth. Other topics may include the use of non-prescription drugs, maintenance of personal items and domestic equipment and cleanliness of clothing and environment.
- 4. Communication skills and Reality Orientation group aids in learning socialization skills and increasing community orientation. Verbal and non-verbal communication is discussed. Role playing, writing, painting and interpreting is used to promote appropriate communication.

Other topics may include use of the telephone, local transportation systems and use of leisure time.

- Current Events group is designed to stimulate client interest in news on the local and national levels as well as to orient the client to the present. Clients give reports on news items that they have learned through the newspapers, radio and/or magazines.
- Nutrition group assists clients in learning about proper nutrition. Clients are taught the four food groups and are given instructions on the preparation of balanced meals. Clients assist in the preparation of meals.
- 7. Medication and Symptom Management groups are designed to train clients in proper filling of medication planners and the importance of reporting symptoms and side effects to therapists and psychiatrists. Clients also learn to recognize symptoms of relapse.
- 8. Arts and Crafts are used to allow the clients a sense of accomplishment and productivity.
- Individual Goal Review allows the clients to rate his/her progress each week with the assigned staff member.

Besides participation in therapeutically structured educational/training activities, clients are supervised in cleaning and maintaining their living area and in accomplishing assigned daily chores.

Appropriate community resources are used to effectively enhance treatment.

The MHCMC is responsible for supervision, consultation, required staff in-services and screening local referrals. Chemotherapy and chemomonitoring is accomplished by visits with a psychiatric nurse and/or psychiatrist. Medications are provided to those qualifying for the Indigent Drug program. All services offered at the MHCMC are available to SunPoint clients as appropriate and all MHCMC policies and procedures apply to SunPoint clients.

Transportation is provided to make services readily accessible to clients when appropriate.

Should the staff determine that it is best for a client, or for the SunPoint program, that a client be transferred from the program before the designated time frame for treatment has passed, then the case will be reviewed by the Coordinator of Case Management/Residential Services and the Treatment Team. This procedure will also apply if the staff determines that a client should stay in the program for a longer period. Length of Stay (LOS) varies. The program has no time limit and the client is generally allowed to stay as long as the services are meeting his/her needs, there are no extenuating circumstances that would dictate the client's leaving the facility, and the placement continues to be the least restrictive residential setting in which the individual can be served.

The SunPoint Case Manger is responsible for collecting client program fees by the 10<sup>th</sup> of each month. The SunPoint Case Manager is responsible for conducting money management groups, and coordinating discharge planning and community resources for all clients. For clients placed within the MHCMC catchment area, the case manager will conduct a follow up visit and referral to a new case manager for the purpose of assisting them in remaining stabilized in their community placement. Client follow up for those transferred out of the MHCMC catchment area will be conducted by telephone.

The case manager is also responsible for conducting recreational activities, personal shopping trips, and monthly and weekly shopping for SunPoint.

The Residential Workers are responsible for exercise, independent living skills, current events, nutrition, and arts and crafts groups. They are also responsible for morning, lunch, and evening meal preparation supervision, assisting with cleaning bedrooms, washing linens when a client

vacates a room, responsible for cleaning kitchen and appliances, and passing on information and observations made concerning "after hours" client behavior and "after hours" protective oversight of clients.

Students are utilized to assist staff in their duties while receiving preparation for a professional career.

#### F. TERMINATION/TRANSFER

#### Transfer:

When the consumer has progressed sufficiently as determined by the appropriate program staff to warrant a less or more restrictive environment, a recommendation is made for transfer.

#### Termination:

Criteria for successful completions of the program are that the individual has demonstrated:

- 1. being free from debilitation or recurring psychosis for a minimum of six months and adequate skill in managing his/her mental illness
- 2. ability and willingness to continue self-administration of his/her medication in accordance with his/her doctor's prescriptions or orders
- 3. ability to maintain necessary interpersonal relations with significant others in his/her environment (e.g., doctors, therapist, employer, family, friends)
- 4. ability to care for possessions and to acquire necessities (e.g., food, shelter, clothing, medication)
- 5. ability to cook simple meals, maintain good personal hygiene, laundry, and attend to other basic needs in living independently
- 6. ability to budget resources effectively

Discharge from the program can result if the individual exhibits

- 1. severe assaultive or destructive behavior
- 2. sexually inappropriate behaviors that are illegal and/or dangerous
- impaired judgment that results in putting others or him/herself at risk of serious physical/psychological harm
- 4. repeated disruptive or noncompliance behavior to the extent that the operation of the program is impeded and the rights of the other residents are transgressed

#### G. MEDICAL CARE

The SunPoint Personal Development Program staff will assist clients in obtaining medical care through family physician or other agencies.

#### H. FACILITIES USED

The SunPoint Personal Development Program is authorized to service eight (8) beds under its confract. SunPoint Personal Development Program is located at 3818 Triana Blvd. Apartments 203E, F, G, and H Huntsville, Alabama. SunPoint Personal Development Program must meet standards for certification by the Department of Mental Health and the City of Huntsville.

#### STAFF POSITIONS AND MINIMUM REQUIREMENTS FOR EACH POSITION

1. Program Supervisor-Bachelor's Degree in a Behavioral Science Field with 2 years experience in a mental health setting. Works 8:00 a.m. to 5:30 p.m. Monday-Thursday and 8:00 a.m. to 12:00 noon on Fridays, with 24-hour access to staff and clients by telephone after the normal workday.

- Case Manager-Bachelor's Degree in a Behavioral Science Field with 1-year experience in a mental health setting. Works 8:00 a.m. to 5:30 p.m. Monday –Thursday and 8:00 a.m. to 12:00 noon on Fridays.
- 3. Residential Worker-High School Diploma. Works 7:00 a.m. to 3:00 p.m. Monday-Friday.
- 4. Residential Worker-High School Diploma. Works 3:00 p.m. to 11:00 p.m. Monday-Friday.
- 5. Residential Worker-High School Diploma. Works 11:00 p.m. to 7:00 a.m. Monday-Friday.
- Residential Worker-High School Diploma. Works 7:00 a.m. to 3:00 p.m. Saturday and Sunday.
- Residential Worker-High School Diploma. Works 3:00 p.m. to 11:00 p.m. Saturday and Sunday.
- Residential Worker-High School Diploma. Works 11:00 p.m. to 7:00 a.m. Saturday and Sunday.

The Program Supervisor supervises all positions and is supervised by the Coordinator of Case Management and Residential Services who is available for consultations. The Clinical Director is also available for consultations as appropriate. All staff must maintain currency in Red Cross Certified First Aid and Adult CPR. In addition, all staff who transport must possess a valid Alabama Drivers License and have a driving record that is acceptable to the MHCMC's Insurance Carrier. All staff subject to operating within the HMCMHC Procedures and Policies.

#### J. UTILZATION REVIEW

The expected length of stay (ELOS) in SunPoint is 12 months. However, it is recognized that each resident has differing needs and may need a longer or shorter stay in residential placement. The following procedure is used to analyze any significant difference between expected length of stay and the actual length of stay:

- 1. At the time of admission each client will be given an individualized ELOS based upon the resident's presented needs.
- Deficit areas and clinical criteria to include means and time-lines for the resident to achieve specified clinical outcomes are addressed on the initial treatment plan.
- 3. Each resident's clinical record is documented to show the progress, or lack of progress at least every two weeks.

In situations in which it is determined that a resident requires additional treatment beyond the initial ELOS, the clinical justification is documented. Situations which would warrant extending the resident's ELOS would include:

- 1. Manifests symptoms and behaviors that previously led to hospitalization and/or has developed new symptoms that interfere with the ability to cope with daily situations.
- 2. Needs further regulation of medication under close supervision.
- 3. Have problems with drug interaction or other complication of medication.
- 4. Is unable to manage medication and/or is non-compliant with prescribed medication.
- Has inadequate basic living skills required for effective functioning in a less restrictive setting.
- Exhibits social behaviors and/or impaired social skills that interfere with the resident's ability to function in a less restrictive setting.
- Has such impaired level of functioning that he/she is unable to reside in a less restrictive setting. (Specific impairments in functioning are identified and documented in the clinical record).
- 8. Discharge plans must be delayed due to lack of appropriate resources in the community and it is apparent that discharge under such circumstances would lead to relapse/re-hospitalization. (Specific needed resources are identified and documented).

#### DATA ANALYSIS

In order to monitor ELOS Vs actual LOS, data is collected for each resident and maintained on the Utilization Review/Length of Stay Analysis form. The SunPoint supervisor reviews data on a periodic basis to identify trends and/or changes in length of stay. Any significant differences between actual and expected length of stay are analyzed.

In addition, the SunPoint supervisor maintains occupancy data for the unit. Occupancy data is documented on the Utilization review/Occupancy Rate form. Occupancy data includes information on the number of days occupied, the number of days vacated, and information regarding reasons for delay in filling vacant beds. The evaluation of this data is on going with the purpose of maximizing bed occupancy.

# **Child and Adolescent Services Division (CAS)**

The Child and Adolescent Services Division provides comprehensive behavioral health services to children and adolescents from birth through 18 years of age. Exceptions are sometimes made for consumers over 18 years of age who are still residing at home and maintain a "minor" role within the family system. Services are designed to meet the needs of young consumers at different levels of severity, in a variety of settings and in the least restrictive environment. All services are provided with a family focus and multidisciplinary approach, incorporating the input from parents, guardians, extended family medical providers, teachers, guidance counselors, special education personnel, the Department of Human Resources, the Department of Youth Services, the Juvenile Court, Substance Abuse treatment programs, inpatient hospital facilities, residential treatment facilities, the Madison County Multidisciplinary Team, and other collaterals as needed. Services include:

Outpatient Services
Family Integrity Network Demonstration (FIND)
Case Management

Services are provided to child and adolescent residents of Madison County who meet admission criteria without regard to race, creed, disability, national origin, gender, social status, or length of residence in the service area. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

It is the goal of CAS that each child and adolescent consumer will return to his/her highest level of functioning in all domains of life: family, social, community, school, and work.

# **Outpatient Services**

#### A. ADMISSION/READMISSION

Admission Criteria is utilized through a two-step process. All persons seeking services are initially screened by the Client Registration Department to insure appropriate registration completion and to determine presumptive clinical need for services followed by a Psychosocial Assessment conducted by the mental health therapist.

 The initial screening seeks to determine that the consumer meets registration and presumptive clinical criteria:

✓ is between birth and 18 years of age.

- ✓ is dependent upon and residing with parents/guardians in a "minor" role if over the age of 18
- has provided all required admissions information including demographic information, insurance or financial information, proof of residence in Madison County, signed consent for treatment (by parent/guardian if under age 14)
- ✓ has a parent or legal guardian who is willing to participate in treatment with children under age 14

✓ is a resident of Madison County

✓ is experiencing a significant functional impairment resulting from symptoms of a probable emotional disturbance.

Once the applicant is fully registered and determined initially eligible and appropriate for services, assignment is made to a therapist. The therapist conducts an intake (Psychosocial Assessment) after which the client is scheduled for future sessions.

- The Psychosocial Assessment seeks to determine that the consumer meets clinical criteria.
  - has a primary DSM-IV-TR Axis I diagnosis (primary diagnosis of V Code, Substance Abuse or Mental Retardation does not meet criteria)
  - ✓ is experiencing a functional impairment resulting from the primary DSM-IV-TR diagnosis as defined below. Symptoms of either of the following automatically meet criteria for functional impairment:
    - · features associated with psychotic disorders
    - suicidal or homicidal gesture or ideation.

Functional impairment is defined as a behavior condition that substantially interferes with or limits a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent or continuous duration are included unless they are temporary and expected responses to stressful events in the environment:

The consumer's functional impairment must have a one-year duration or a high risk of at least a one-year duration, with substantial impairment in two of the following areas of functioning (corresponding to expected developmental level):

- autonomous functioning (performance age-appropriate activities of daily living such as personal hygiene, grooming, mobility)
- functioning in the community (relationships with neighbors, involvement in recreational activities)
- functioning in the family or family environment (relationships with parents/surrogates, siblings, relatives)
- functioning in school/work (relationships with peer/teachers).

Anyone who has been an active client in the Child and Adolescent Services Division and has been terminated from services may be evaluated for readmission upon request.

A screening interview is again conducted by the Client Registration staff and the consumer's case is opened for services based upon a determination of need using the above criteria.

#### B. NATURE AND SCOPE OF PROGRAM.

A diversity of clinical approaches and services are offered in response to the variety of parent-child problems assessed at intake. Services provided include: psychosocial and psychodiagnostic evaluations for both children and adults; outpatient therapy, school-based therapy (in selected schools), DHR-based therapy, referral services for more specialized investigations (neurological, physical, etc.), parent skills training, linkage to the juvenile court system through the Juvenile Court Liaison, psychological testing, and community consultation. The therapeutic interventions employed include: individual, group and family therapy utilizing a variety of clinical strategies (cognitive behavior therapy, behavior modification, reality therapy, rational behavior therapy, transactional analysis, play therapy, relaxation therapy, mediation, role play, desensitization, art therapy, enhancement of communication skills, and others).

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Consumers' cases are terminated from CAS for any one of the following reasons:

- there is mutual agreement between the therapist and consumer that goals have been met
- the consumer moves out of Madison county
- the consumer has not kept three or more appointments and all consumer contact information is invalid.
- the consumer has failed to show for three or more appointments and has not responded to outreach efforts or a 10-day letter notifying them of intent to terminate
- the consumer has had no contact with the Center for the past 90 days.

Under special circumstances, the clinician may initiate the termination of services for an active consumer. Such circumstances include situations where consumers misuse Mental Health Center resources by repeatedly failing to keep scheduled appointments, situations where the behavior of the consumer detracts from the treatment of other consumers, and circumstances where the behavior of the consumer endangers Center staff or other Center consumers.

#### Termination Procedure:

The therapist is to discuss with the Division Director any case considered for termination under conditions discussed above. If the consumer is on medication prescribed by the Center, the Staff Psychiatrist is to be consulted. If there is disagreement between the therapist and Division Director regarding the decision to terminate, the Clinical Director or, in his/her absence, the Executive Director will make the decision. The therapist may choose an alternative to termination by suspending therapy until a specific date or a condition(s) is met by the consumer.

It is essential that a thorough assessment of the consumer's situation be made prior to termination of a high-risk consumer (suicide, abusive to others, potentially in need of hospitalization, or potentially involved in litigation of concern to the Center). With high-risk consumers, the therapist must document in a progress note or on the termination summary any recommendations resulting from discussions with the Division Director and/or Clinical Director and/or Staff Psychiatrist. The Division Director will review and co-sign the therapist's documentation or termination summary. If the decision is to terminate, the high-risk consumer will be informed that emergency services are available for emergencies or referrals only and the therapist will include this on the termination summary.

The therapist completes an electronic discharge form, which is automatically forwarded to the Division Director for electronic review and approval.

#### Transfer Criteria:

Consumers may be transferred from or to Child and Adolescent Services Division when their needs require a more specialized service (e.g., adult services such as Day Treatment or Partial Hospitalization, acute hospitalization, etc.). A determination is made by the clinical staff in consultation with the Division Director(s). Consumers may also be transferred within the service division when a change of therapist is in their best interest.

#### Transfer Procedure:

The therapist discusses the case with the Division Director and with the receiving therapist or service provider if the transfer is approved. The responsible referring clinician completes a Client Information Update form to process the transfer.

#### D. SERVICE AREA FOR THE PROGRAM.

The Child and Adolescent Outpatient Services includes children and adolescents (and their families) who are residents of Madison County, birth through age 18 and who are in need of crisis intervention, individual, family and/or group counseling, diagnostic services, and referral to other community services. Also included are schools, courts, the Department of Human Resources, Department of Youth Services and other child-serving agencies that may benefit from consultation and education services. All children 14 years of age and over are granted the right to treatment without parental consent by Alabama statute.

Services may be provided to any child or adolescent residing in Madison County without regard to the person's race, creed, disabling condition, national origin, sex, social status, diagnostic category, or length of residence in the service area, Further, services will be provided regardless or the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

# **Family Integrity Network Demonstration (FIND)**

#### A. ADMISSION/READMISSION

Guidelines used to determine the eligibility of a child for the FIND program are:

- ✓ the child must be between the age of 5 and 17 years.
- ✓ the child must be in imminent danger of out-of-home placement
- the child must have problems functioning within the family and community which qualify him/her as having a serious emotional disturbance (SED) according to the State guidelines for SED
- ✓ IQ must be 70 or higher.
- ✓ the child must have a relative or someone willing to work with him/her to avert placement.

#### B. NATURE AND SCOPE OF PROGRAM

The FIND program offers an alternative service to out of home placement. It is an intensive, short-term (12 to 16 weeks), in-home crisis intervention therapeutic approach to working with children ages 5 years to 17 years of age and their families. FIND case management services are available as a follow-up to in-home intervention and are also offered to all children released from State funded facilities. Case management ensures continuity of identified services and linkage to other community agencies and resources.

One FIND team is funded through a contract with the State Department of Mental Health and Mental Retardation and the State Department of Human Resources. Two additional FIND teams are funded through a contract with Madison County Department of Human Resources.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

The FIND program is designed to be a short-term, intensive intervention of twelve weeks duration. An additional four weeks extension is available if warranted. During the tenth week, the case manager will be introduced to the family to begin to establish rapport while the intervention team will begin the clinical termination process. Case management services will be continued as long as required if the family continues to meet criteria for the services.

Under special circumstances, the FIND intervention team may find it necessary to suspend services to a family due to a lack of participation and/or cooperation. The In-Home Therapist will discuss with the FIND Program Manager and the Division Director any case considered for termination under conditions discussed above. Other referrals or treatment alternatives may be considered at that time.

#### Transfer:

Consumers may be transferred from or to the FIND program when their needs require a more specialized service (e.g. hospitalization, emergency shelter, etc.). A determination is made by the FIND In-Home Therapist in consultation with the FIND Program Manager. The Program Manager discusses the case with the Division Director and with the receiving service, if the transfer is approved.

#### D. SERVICE AREA OF PROGRAM

The FIND Program serves SED children between the ages of 5 and 17 residing in Madison County who are at imminent risk to be placed outside their homes into foster care, group homes, or treatment/correctional institutions. The child must have a functioning IQ of 70 or above.

## Child and Adolescent Case Management Services

#### A. ADMISSION/READMISSION

Child and Adolescent Case Management serves children and adolescents in Madison County who meet the following admission criteria:

- ✓ the child must be between the age of 5 and 17 years
- ✓ the child must have problems functioning within the family and community which qualify him/her as having a Serious Emotional Disturbance (SED) as defined by DMH/MR
- the child must have specific needs necessitating case management services (advocacy, linkage, referral, and access to community services)

Consumers are assigned to this service through referrals from any and all community agencies, other Mental Health Center divisions, any individual in the community or self-referrals.

#### B. NATURE AND SCOPE OF PROGRAM

The case management program provides services to the SED population as defined by DMH/MR. The nature of this program is to fill the gap in the continuum between existing centralized Mental Health Center services that require consumer initiative to receive. This program is an outreach and mobile program that coordinates the full range of social, personal, financial, medical, psychiatric, and transportation services.

The following services are delivered within this program:

- ✓ a systematic determination of the specific human service needs of each consumer
- the development of a systematic consumer coordinated written plan that is developed within the month following the month of intake (unless services terminate earlier) and lists the actions necessary to meet the needs of each consumer
- assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers
- the direct delivery, or the arrangement for, transportation to needed services if the consumer has no transportation
- establishing links between the consumer and service providers or other community resources
- advocating for and developing access to needed services on the consumer's behalf when the consumer himself is unable to do so alone
- monitoring the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan
- systematic reevaluation at 6 months after intake and intervals of 12 months thereafter, of the consumer's human service needs and the consumer's progress toward planned goals so that the established plans can be continued or revised.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### Termination:

A consumer is terminated from the case management program when he/she moves out of the service area, no longer requires case management services as determined by the needs assessment, chooses to decline services, or is deceased.

#### Transfer:

Although the consumers continue to be served by the case management program, they may be assigned a primary therapist at the Mental Health Center who is responsible for meeting therapeutic needs. Consumers may be transferred to another case manager or to a more intense level of care based on changes in the consumer's service needs and their appropriateness for that particular level of service (e.g. transfer to adult case management, FIND, etc.).

#### D. SERVICE AREA OF PROGRAM

Child and Adolescent Case Management Services are provided to child and adolescent residents of Madison County who meet admission criteria without regard to race, creed, disability, national origin, gender, social status, or length of residence in the service area. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

Child and Adolescent Case Management provides outreach and mobile services that coordinate the full range of social, personal, financial, medical, psychiatric, and transportation needs of the identified population.

# **Medical Support Services**

#### A. ADMISSION/READMISSION

Medical Support Services (MSS) do not stand alone as a single service but rather augment existing treatment provided by the therapist for those consumers who are in need of medical assessment and ongoing medication monitoring. To receive Medical Support Services, the consumer must:

- ✓ be an active consumer of the Child and Adolescent Services Division having met appropriate admission criteria
- ✓ have a completed Psychosocial Assessment conducted by a Child and Adolescent Therapist with recommendation for psychiatric assessment
- ✓ have Division Director (or other managerial designee) approval for crisis medical intervention when a Psychosocial Assessment has not been completed.

#### B. NATURE AND SCOPE OF PROGRAM

Medical Support Services are designed to provide psychiatry and nursing services that support the treatment plans developed through Center-based outpatient therapy services. Consumer referred by private practitioners for "psychiatric medications only" will not be accepted.

All active consumers of this division who are receiving medical support services must have a psychiatric assessment at least every six months. The psychiatrists are available for emergency face-to-face evaluations of consumers referred by nurses, therapists, or other primary care staff members. Nurses evaluate consumers on a scheduled or crisis basis. After consultation with the psychiatrist, who may require face-to-face evaluation of the consumer, medication may be prescribed. Medications can also be prescribed for consumers on an emergency basis. When a consumer is started on medication, initial medication monitoring is required within 14-21 days after the chemotherapy begins. Frequency of subsequent medication checks depend on consumer's symptoms, response to medications and based on the recommendation of the psychiatrist. These measures are essential to evaluate symptoms, medication effects and/or side effects. Consumers are scheduled for psychiatric evaluations at the earliest available appointment.

The medical support services team provide input at weekly Coordination of Care meetings. Medical Support Services supports treatment programs of all active consumers and are available for consultation to the staff of Decatur General West Hospital and other child and adolescent psychiatric facilities providing input essential for consumers' continuity of care. A psychiatrist is available after hours on an on-call basis for consult with Mental Health Center emergency call workers. Psychiatrists provide in-service training for Mental Health Center staff

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### Termination Criteria:

A consumer's case is closed to Medical Services when he/she:

- ✓ moves out of Madison County
- ✓ is dismissed due to failure to keep appointments or respond to outreach efforts.
- ✓ requests termination.
- ✓ refuses or discontinues therapy treatment OR
- ✓ is deceased.

#### Termination Procedure:

The primary therapist is responsible for completing all clinical documentation relative to the termination of the consumer's case closure.

#### Transfer Criteria:

Consumers may be transferred to the Adult Medical Services as indicated by consumer's age and special needs. Consumers may be transferred to a non-center psychiatrist or family physician for medical follow up based on the stability of Consumer's response to medications and Consumer/family choice.

#### Transfer Procedure:

When a decision for transfer has been made, a member of the Consumer's Child/Adolescent Services team will contact the new medical provider to offer appropriate referral information. If the transfer is within the Mental Health Center to Adult Services, a Client Information Update form is completed by the therapist and approved by the Adult Division Director.

#### D. SERVICE AREA FOR PROGRAM:

Medical Support Services may be provided to any child or adolescent who are currently active in therapy at the Mental Health Center and residing in Madison County, without regard to the person's race, creed, disabling condition, national origin, sex, social status, diagnostic category, or length of residence in the service area. Further, services will be provided regardless or the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

### **Client Registration and Crisis Services**

#### A. ADMISSION/READMISSION

The service acts as the entry point for most consumers of the Center. The procedure for admitting consumers is as follows:

#### Phone Calls

The prospective client calls the Center. The call is forwarded to Client Registration. The Registration staff asks the caller if the services they are seeking are for an adult or a child. If the prospective client is an adult the procedure is as follows: he/she is told that all adult registration is done on a walk in basis on Monday, Tuesday and Thursday from 9-11 a.m. and 1-3 p.m. The caller is advised that he/she must reside in the Huntsville/Madison County area in order to access our services. The caller is also advised to bring in the appropriate financial information such as proof of income or insurance cards etc. in order to complete the registration process. If the caller seems to be in distress/orisis, he/she is transferred to one of the crisis therapists for immediate assessment.

If the prospective client is a child/adolescent, the parent/guardian is given an appointment to come in and complete the registration paperwork (see Child/Adolescent Registration Appointments below). The parent/guardian is encouraged to bring the child/adolescent with them to this appointment if the child/adolescent is in distress/crisis. At this time, the parent/guardian is transferred to one of the crisis therapists for immediate assessment. If no crisis is indicated, the parent/guardian may come without the child.

#### Walk-in Registration for Adults

When the prospective consumer presents to Client Registration, they are asked to sign in and are given a screening questionnaire. At this time, the Registration staff collects necessary paper work (see above) and completes the registration process including appointments with a primary therapist and psychiatrist. The screening questionnaire is reviewed at this time, as well. If crisis issues are indicated, or the client request to be seen by a crisis therapist, or the client is a hospital discharge, the client is seen by a therapist.

#### Child/Adolescent Registration Appointments

Once the paperwork is completed the parent/guardian is given an appointment with a therapist and a Doctor. During this process if the parent/guardian has indicated crisis concerns and they have brought the child/adolescent, the client is then seen by a crisis therapist. Otherwise, the parent/guardian is given a Crisis Evaluation appointment to bring the child/adolescent in to be screen by a crisis therapist. If the child/adolescent is all ready present, the child/adolescent is screened at this time by a crisis therapist.

#### B. NATURE AND SCOPE OF PROGRAM

Client Registration/Crisis Services is an entity of is own. The function of this division is to provide both comprehensive mental health screenings and crisis intervention for the center both during and after normal working hours.

The Registration and Crisis Services includes a wide range of functions such as admission screening, crisis intervention, consultation and/or referrals to other services for individuals seeking assistance. Duties of staff in this department are categorized by clinical, consultation, administration and education.

#### Clinical Duties:

- 1. Crisis rule out and/or crisis evaluation/intervention for those persons who indicate that they are in crisis (via telephone or person to person) and/or those referred to this service by their primary therapist for a crisis episode that they are unable to manage.
- Present critical cases to Coordination of Care Committee and/or to an available psychiatrist.
- 3. Coordinate with clinical staff as related to client need for expedited appointments, medication concerns and/or specialized assignments.
- Prehospital screening and referral for admission as indicated by the client and/or the crisis therapist.

#### Consultation Duties:

- Consult with clinicians, family, collateral and/or petitioner in matters related to MI petitions for commitment.
- 2. Consult with local hospital staff to facilitate client admission/discharge.
- 3. Consult with City and County jail medical staff for client management.
- 4. Consults with other community agencies as needed.

#### Administrative Duties:

- I. Maintain high qualify documentation for all admissions and/or crisis interventions.
- Coordination appropriate disposition of cases with Clinical Director, Program Directors and Crisis Call Workers.
- Develop and maintain a comprehensive network of community referrals.

#### C. SERVICE AREA FOR PROGRAM

The Mental Health Center of Madison County serves only consumers who live in or attend school in Madison County. (see attached policy)

# **Patient Assistance Program**

#### A. ADMISSION/READMISSION

Admission into the Patient Assistance Program is solely based upon the financial eligibility criteria of the individual pharmaceutical company. Clients may fill out the appropriate paperwork when they are unable to receive or purchase their medications from another program or entity, and have an up-to-date center proof of income worksheet in file.

#### B. NATURE AND SCOPE OF PROGRAM

The Patient Assistance Programs are offered by pharmaceutical manufacturers to help uninsured or low-income clients afford their medications. Without these programs, patients who would not otherwise qualify for free or low-cost medications through programs such as Medicaid, would go without treatments for their illnesses.

#### C. TERMINATION CRITERIA

Consumers are terminated from the program when they have the means to purchase or receive their medications from another program or entity, or when their case is closed.

#### D. SERVICE AREA FOR PROGRAM

The Mental Health Center's Patient Assistance Program serves Huntsville and Madison County residents who are clients of the Mental Health Center without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area.

# **Community Education Services**

#### A. NATURE AND SCOPE OF PROGRAM

The purpose of the Community Education Service Program is to communicate effectively the Center's mission, plan, and progress to its consumers, the general public, community agencies, and the media. It also seeks to prevent the development of major life adjustment problems, minimize the severity of existing adjustment problems, and link all of the citizens of Huntsville and Madison County with the service delivery system of the Mental Health Center when needed.

The program includes, but is not limited to:

Public Information: Information regarding Mental Health Center programs is disseminated to the general public.

Public Relations: Programs and materials are developed to enhance the Center's image and position it as the first choice for mental health services for Madison County residents.

Consultation Services: Program consultations are provided to requesting consultee agencies to assist in the development of effective and efficient human service programs.

Agency Liaison Services: Communication networks are established between the Mental Health Center and the community in order to provide effective and efficient collaborative efforts in the delivery of services. Programs are conducted for consultee agencies to assist caregivers in improving their capacities to the fullest on behalf of the people they serve.

Educational Services: Broad-based community education programs are conducted to increase public awareness of mental health issues and problems, as well as methods and procedures for entry into the mental health service delivery system.

#### **PUBLIC INFORMATION PROCEDURES**

#### Radio:

All contacts with local radio stations will be coordinated with the Community Education office. If a local radio station makes contact with an employee of the MHC for response on any matter pertaining to the MHC or in which comment as a representative professional from the Center is requested, a brief clarification of the nature of the request will be obtained and the call routed to the CE office. The Coordinator of CE will be notified before an interview is given. A representative of the CE office shall be present for all in-house interviews unless prior approval has been obtained from the Executive Director or his/her designee.

In the event an employee desires radio coverage, the request will be forwarded to the CE office.

Public Service Announcements (PSA) will be mailed or faxed to the area radio stations by the CE office. Information for PSA's will be forwarded to the CE office at least three weeks prior to desired announcement date.

#### Television:

All contacts with area television stations will be coordinated with the CE office. If a local station makes contact with any employee of the MHC for response on any matter pertaining to the MHC or in which comment as a representative professional from the Center is requested, a brief clarification of the nature of the request will be obtained and the call routed to the CE office. The

Coordinator of CE will be notified before an interview is given. A representative of the CE office shall be present for all in-house interviews unless prior approval has been obtained from the Executive Director.

In the event a staff member desires television coverage, the request for coverage will be forwarded to the CE office. The CE office will handle arrangements for all interviews.

Public service announcements will be mailed/faxed or hand carried to area television stations by the CE office personnel. Information for PSA's will be forwarded to the CE staff at least two weeks prior to desired airdate.

#### Newspaper Coverage:

All contacts with area newspapers will be coordinated with the CE office. If a local paper makes contact with any employee of the MHC for response on any matter pertaining to the MHC or in which comment as a representative professional from the Center is requested, a brief clarification of the nature of the request will be obtained and the call routed to the CE office. The Coordinator of CE will be notified before an interview is given. A representative of the C&E office shall be present for all in-house interviews unless prior approval has been obtained from the Executive Director.

All releases and requests for coverage of special events and/or programs will be forwarded to the CE office.

Paid ads will be placed through the CE office. Information should be furnished at least three days in advance of publication.

#### Center Publications:

#### Center Newsletter:

The Mental Health Center's internal newsletter, Centerline, is designed to inform Board Members and staff about upcoming events taking place within the Center, changes in Center programs and services, and activities which have occurred during the months. The newsletter is distributed on a bi-monthly basis – February, April, June, August, October, and December. Staff may submit article ideas and letters to the editor by contacting the CE office.

#### Center Annual Report:

The Coordinator of CE will be responsible for layout, design and printing of the Mental Health Center Annual Report. Financial and statistical information for the Annual Report will be provided by the Business Manager at least six weeks in advance of the Annual meeting date. Other responsibilities concerning the Annual Meeting will be assigned to staff by the Executive Director.

#### Center Services Brochure

The CE Office will publish and distribute a brochure describing all center services.

#### Other Publications:

Information for other Center publications should be routed to the CE office for layout, design and printing.

#### Speaking Engagements:

All requests for speakers will be directed to the Coordinator of CE. A form will be filled out by the CE office and appropriate staff requested to fill the engagement. After the engagement has been completed staff should complete the CE form so number in attendance can be recorded. Refer to Personnel Policies Handbook concerning honoraria for such engagements.

If an employee makes arrangements for a speaking engagement and it is not possible to route through the CE office; call CE and give details so that appropriate records can be filled out on the engagement.

#### TRAINING PROCEDURES

Board/Advisory Committee Orientation: All Mental Health Center Board and Advisory Committee members will receive an orientation to include, but not limited to, the following:

- 1. The law under which the Board is incorporated.
- 2. Act 881 of the 1965 Alabama Legislative Regular Session.
- 3. Board responsibilities.
- Center programs and continuum of care issues.
- Relationship of the Board to the community and other agencies.
- 6. Department of Mental Health and Mental Retardation Standards.
- Introductory material about mental illness and long-term needs of the most severely disabled consumers.

Community Training:

Requests for staff to conduct community training such as the Police Department, Sheriff's Department, HELPLine, professional associations, and civic groups will be routed through the CE office. The CE office will be responsible for documentation of such training.

#### B. SERVICE AREA FOR PROGRAM

This program is open to all citizens of Madison County without regard to the person's age, race, creed, handicapping condition, national origin, sex, social status, diagnostic category, or length of residence in the service area.

# **New Horizons Recovery Center**

NHRC offers comprehensive outpatient treatment programs for substance abusers and their families. This program combines the intensity and comprehensiveness of residential treatment with the cost effectiveness and minimal intrusiveness of outpatient treatment to provide a milieu of recovery in the substance abuser's natural environment. The Intensive Outpatient Program includes intensive individual, family and group therapy. Groups meet three times a week and individual and family therapy is offered on a weekly basis. After completion of the twelve-week program, an ongoing continuing care group for the client meets every week.

NHRC also offers Moral Reconation Therapy groups. The "moral" aspect of MRT is based upon the moral development structure outlined by Lawrence Kohlberg. The term "reconation" is based upon the archaic word "conation", a word used by early psychologists to describe a pattern of inclinations. Conation was replaced by the term "ego". MRT is an attempt to have clients reevaluate the moral decisions in their lives and replace counterproductive processes with productive ones.

#### A. ADMISSION/READMISSION

A specific criterion for admission to any mode of treatment is based on the nature and severity of the problem and extenuating medical, psychological, social, and motivational criteria. A suitable treatment alternative is offered to each consumer seeking treatment, but no treatment plan is compromised by offering a plan that minimizes recovery potential.

#### B. NATURE AND SCOPE OF PROGRAM

NHRC views chemical abuse and dependency as a pervasive problem, affecting all aspects of a person's life. It affects the medical, social, psychological and spiritual well being of the individual and their environment. The treatment programs seek to confront each of the issues in the lives of the abuser and surrounding environment. NHRC is committed to a policy of providing the lease restrictive appropriate treatment available.

NHRC uses group as a primary treatment modality, while offering individual and family therapy. The program also recognizes the importance of self-help groups in recovery, such as Alcoholics Anonymous, ALANON, Narcotics Anonymous, Adult Children of Alcoholics, and ALATEEN. Therefore, the program will encourage clients to seek out self-help groups.

The program is built on a treatment team concept involving a multi-dimensional team of treatment expertise. Each individual in treatment is assigned a primary therapist to supervise their treatment but will have the benefit of group sessions with each team member to maximize the expertise that goes into treatment and recovery. The team will evaluate and manage progression through treatment.

The program maintains individual and program integrity through the use of random Breathalyzer and drug screens. Screening procedures are instituted to safeguard the dignity of the individual in the screening process while protecting the integrity of the screen and the confidentiality of the consumer.

The Intensive Outpatient Program is a structured twelve-week program using group therapy as the primary treatment modality. The groups cover a syllabus of issues and topics and address specific issues relating to sobriety and recovery. They use a combination of didactic presentations and process interaction. The groups meet three times per week for twelve weeks. Individual or family

sessions are available as needed. After graduating from the IOP, clients are eligible to attend the weekly Continuing Care Program. The IOP is an ASAM PPC-2R Level 2.1 treatment program.

The Moral Reconation Therapy Program is a structured, evidence based, performance driven and goal-oriented program. MRT groups meet two times a week and individual or family sessions are available as needed. Upon completion of the MRT program, clients are eligible for Continuing Care. MRT is an ASAM PPC-2R Level 1.0 treatment program

Any individual seeking help for alcohol or drug-related problems is assess by a program therapist to determine the level of treatment indicated to impact the problem. Assessment follows the guidelines established by Standards of the DMH/MR Substance Abuse Division and placement in treatment or referral to more intensive treatment as based on specific program criteria, including physical, psychological, social and motivational issues. If a person is placed in the IOP or MRT program, they is expected to sign appropriate program commitments and contracts agreeing to abide by program guidelines and requirements.

#### C. DISCHARGE/TRANSFER CRITERIA AND PROCEDURE

The consumer always has the right to refuse or terminate services and accept the responsibility for that discharge. The consumer can terminate by conference with their therapist or by failure to follow-up on the treatment plan.

The staff can terminate services with appropriate discharge status and necessary follow-up recommendations. Consumers who fail to maintain minimum treatment expectations may be terminated and referred to more intensive treatment modes. Consumers who fail to follow-up on treatment plans may be discharged according to program standards.

Follow-up Data: NHRC does follow-up studies with a random sample of persons seeking treatment. That sample covers all degrees of consumer participation in the program and measures issues relating to sobriety and functional lifestyle.

#### D. SERVICE AREA FOR PROGRAM

The IOP and MRT programs are open to all citizens of Madison County without regard to the person's race, creed, handicapping condition, national origin, sex, social status, diagnostic category, or length of residence in the service area.

# Pharmacy/Indigent Drug Program

#### **OBJECTIVE**

The Indigent Drug Program at the Mental Health Center shall serve as the Center's dispensing agency for seriously mentally ill, indigent client. Pharmacy services will focus on improved patient care through the promotion of optimal drug therapy.

#### TARGET POPULATION

This program provides psychotropic medications for non-hospitalized, indigent, mentally ill clients who are active clients of the Center (seen at least every 90 days by their therapist) and who are under the care of licensed physicians on the staff of the Center. Each client must have a psychiatric diagnosis established before any prescription may be refilled and must be seen at least every six months by their physicians for evaluation of their progress. Priority of service will be given to individuals with histories of treatment at state institutions and to those who appear to have a high potential for commitment at a state institution if treatment were not available.

IDP services are available to all citizens of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the services area, except as provided in the admission criteria.

#### NATURE AND SCOPE OF PROGRAM

The Indigent Drug Program is designed to provide medication for those eligible clients of the Center who would otherwise be unable to afford their medications.

Medications are furnished by the Alabama Department of Mental Health and Mental Retardation for use in the program. These medications must be dispensed exclusively within the confines of the Center. No medications will be furnished to a patient unless a written prescription is available. These prescriptions will be filed by number in a separate file, which will be kept in the pharmacy.

The Indigent Drug Program is located in the Medical Support Services Division. State approved psychotherapeutic medication is dispensed by a registered pharmacist. Hours of operation of the pharmacy are Tuesday and Thursday, 10:00 a.m. until 12:00 noon and 1:30 p.m. to 4:30 p.m. There is a \$5.00 charge for each prescription. If a client does not pick up medication for three consecutive months, he/she will automatically be deleted from the program. However, prior to his/her being deleted, the primary therapist will be notified.

The Indigent Drug Program at the Mental Health Center shall serve as the Center's dispensing agency for seriously mentally ill, indigent clients. Pharmacy services will focus on improved patient care through the promotion of optimal drug therapy.

#### **STAFFING**

- 1 Licensed Supervising Pharmacist (part-time 25-30 hours per week)
- 1 Licensed Contract Pharmacist (16 hours per week)
- 1 Pharmacy Clerk (part-time)
- 1 Supervising Board Certified Licensed Physician

#### ADMISSION/READMISSION

Criteria: The IDP applicant must be an active client of the Center with an assigned Center therapist. The maximum income authorized as the determining criterion for eligibility shall be

\$7,500 for client, providing that the total household income does not exceed \$11,000. All non-Medicaid eligible clients of the IDP will be screened to determine the probability that the client might be eligible for Medicaid. Referrals are made for those who might qualify. Clients who are already eligible for Medicaid will not be furnished those medications, which are available through the Medicaid program.

#### REFERRAL PROCEDUCRES

Denial of Admission/Readmission:

Clients are referred back to their primary therapist for other resources. Involuntary Dismissal:

Clients are referred back to their primary therapist for other resources.

Referral to Another Agency.

Clients are referred back to their primary therapist for other resources.

#### TRANSER.

Not applicable.

#### TERMINATION

Criteria: A client's case is terminated in the IDP when: he/she is terminated as a client of the Center or does not return for medication pick-up for more than 90 days.

Procedures: It is the primary therapist's responsibility to notify the IDP pharmacist when a client's case is terminated. Upon receipt of the form notifying of the termination, the pharmacist will inactivate the client's case. If the client has not picked up his/her medication for more than 90 days, the pharmacist will notify the therapist prior to inactivating the case.

#### APPEAL PROCEDURES

See appeal procedures in client rights section of this manual.

#### **GOALS**

Goals and objectives are developed annually in cooperation with the Executive Director. Current goals are as follows:

- 1. To maintain 100% accuracy in the dispensing of medications.
- 2. To achieve client satisfaction with pharmacy services.
- To enhance patient compliance.
- 4. To provide patient counseling and drug education,
- 5. To maintain patient medication profiles in accordance with the current legal requirements.
- 6. To conduct drug utilization review as required by the statutes.
- To serve as drug information resource for clients, their families, the staff and the community.
- 8. To promote interprofessional collaboration on pharmacotherapy issues.
- To conduct medication groups as needed.
- 10. To effectively instruct and supervise ancillary pharmacy personnel.
- 11. To maintain pharmacy records in accordance with state and federal laws.
- 12. To maintain the drug inventory in a cost effective manner.

# **Substance Abuse Prevention Services**

The Department of Substance Abuse Prevention of the Mental Health Center is dedicated to the education of at-risk youth and their parents in order to decrease risk factors and increase protective factors necessary for the reduction of destructive behaviors. It includes a broad array of prevention strategies for individuals not identified to be in treatment.

The Department currently consists of three separate programs funded by three grants and implemented by staff specific to each particular grant. The programs are as follows:

- 1. The State Block Grant, administered through the State Department of Mental Health and Mental Retardation Substance Abuse Division, funds a substance abuse prevention program that focuses on a very specific target population, i.e., 6<sup>th</sup> grade students of Davis Hills Middle School and their parents. The program is referred to as *Project H.I.G.H.L.I.T.E.* (Helping Individuals Grow Healthier Living in Today's Environment) and includes at a minimum an in school, after-school, and summer component implementing evidenced based curriculum. In an attempt to provide extensive wraparound services, the State Block Grant focuses heavily on including environmental strategies and developing community partnerships that will assist in sustaining the program after the grant is completed.
- 2. The Alabama Department of Child Abuse Neglect Prevention, through its Children's Trust Fund Grant, supports our *PANDA* (Prevent Abuse, Neglect, Drugs, and Alcohol) *Project.* PANDA is a behavior modification camp for out-of-control youth and their parents/guardians. This 10-week program is offered as an alternative to school suspension, detention home sentencing, boot camp, or jail time. Camps are offered on Saturday mornings from 9:00 to noon four times a year. Topics taught include: love and affection, understanding conflict, drug prevention, anger management, identifying and dealing with stress, communication skills, consequences of actions, goal setting, etc. The camps are offered for the following age groups: Camp Promise (ages 8-10), Camp Hope (ages 11-13), and Camp Change (ages 14-17), and the Child Management Skills Camp (utilizing *The Parent Project* curriculum and workbooks) for the parents/caregivers. The program is offered to the public free of charge, but one must be registered to attend.
- 3. The Unified Prevention Systems (UPS) Grant: The Today's Promise Program is an in-school initiative funded through a Federal Substance Abuse and Mental Health Services Administration(SAMHSA)grant administered by the Alabama State Department of Mental Health and Mental Retardation. Madison County was one of six implementation sites selected throughout the state of Alabama to provide programs to 1 initiate a process to effectively coordinate, leverage, and/or redirect substance abuse prevention resources in order to promote comprehensive, community-based programs aimed a reducing marijuana and other drug use by youth, and 2: reduce marijuana, alcohol, tobacco, and other drug use by youth and young adults by developing a revitalized, comprehensive community-wide prevention strategy which leverages local, state, and federal resources and mobilizes citizens to implement comprehensive, research-based prevention practice. IN OTHER WORDS- it is a community-wide effort to keep kids off alcohol, tobacco and other illegal drugs!

The Mental Health Center of Madison County is the lead agency for the grant partnering with Big Brothers Big Sisters and Partnership for a Drug Free Community to provide services to Stone Middle School and the surrounding community. The main components of the Today's Promise Program includes: 2 In-School Prevention Coordinators- 1 English-speaking and 1 Bi-lingual Spanish-speaking, a Safe Dates program administered to the 7th grade, an After school program for 6th & 7th grade students, community & site-based individual mentors through Big Brothers Big Sisters, a Youth Advisory Council through Partnership, a 5-week summer program, and other initiatives to address community and environmental needs. All components of the grant are evaluated by an Auburn University Evaluation Team. Our hope is to eventually become a model program for other schools across the state.



YOUR CAMPUS FOR CHANGE

# Performance Improvement Plan

Fiscal Years 2010/2011

Approved by Huntsville/Madison County Mental Health Board:

v Date: 3/23/10

# **Mental Health Center of Madison County**

# Performance Improvement Plan

# Table of Contents

Introduction	2
Performance Improvement Philosophy	· · 3
Performance Improvement Committee Structure	7
Ongoing Performance Improvement Monitors Quality Assurance Quality Improvement Incident Prevention and Management Utilization Review Consumer and Family Satisfaction Review of Treatment Plans	9
Consumer and Family Member Involvement	13
Evaluation of Performance Improvement Plan Effectiveness and Dissemination of Information	15
Quality Circle Guidelines	16
ADDENDUM Performance Improvement Indicator Scorecard	
Focus Group Feedback Summaries	
HEART Campaign Comment Card	
Program Descriptions	

# **Mental Health Center of Madison County**

# Performance Improvement Plan

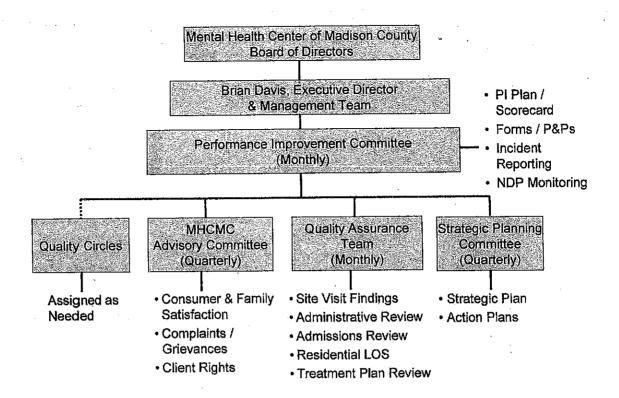
#### Introduction

The Mental Health Center of Madison County is committed to providing quality, affordable, supportive and innovative mental health and substance abuse services to the Huntsville/Madison County community with a caring, courteous spirit. Quality is defined as access to services that are clinically appropriate, effective, efficient, and delivered in the least restrictive level of care; produce optimal clinical outcomes; result in high level of consumer satisfaction; and increase the clinical proficiency of our staff. We are committed to our performance improvement process, to working effectively as individuals and in teams and to instituting quality concepts throughout all of the Center's programs and services.

The ultimate goal of our performance improvement process is to improve the quality of care our clients receive. Our Center insures this commitment by designing a service delivery system that provides consumers with access to a full range of appropriate, high quality, and cost-effective services. We have developed and implemented a performance improvement program that systematically monitors and evaluates the quality and effectiveness of our programs, systems and services. This Performance Improvement Plan details the structure, design and processes that have been established for ongoing monitoring and continuous improvement of these systems and services. The Mental Health Center of Madison County strives to identify areas that could be improved by aggressively pursuing customer input and viewing customer complaints as opportunities to improve. Self and peer evaluation is ongoing and viewed as an invaluable educational part of this process. We expect every employee to work together to solve areas of concern and to do so as part of a team effort.

Our performance improvement program includes all mental health and substance abuse program service areas and functions including subcontracted consumer services (3301.1; 6101a). For more information on Center programs please refer to the program descriptions contained as an addendum to this document.

In fiscal year 2010 the Center held planning sessions to revitalize the entire process including a reorganization of the Performance Improvement Committee to be a separate process from the ongoing strategic planning process and to meet on a monthly basis instead of quarterly. Quality Circles were re-introduced to the process and an Advisory Committee is also being developed. The diagram on the following page provides an overview of the new structure.



# Performance Improvement Philosophy

Our performance improvement processes are intended to improve the quality of care our clients receive. The development of new processes or modification of those currently existing must (3301.3 & 3301.4; 6101c & 6101d):

 Be consistent with our strategic plan; its mission, vision, values, goals, objectives and action plans as described below:

#### MISSION STATEMENT

• Our mission is to provide quality behavioral health services with a caring heart.

#### **VISION STATEMENT**

One Center

United to serve as a beacon of hope and recovery for a growing community.

#### **CORE VALUES**

- Integrity
- Accountability
- Solution-focus
- Compassión
- Respect
- Service-orientation

 Is responsive to the needs of individuals served, staff and other stakeholders including:

Clients and Their Families **Employees & Their Families Employers** Retirees 3rd Party Payors Children's Advocacy Center Vendors **Business & Industry** Mental Health Association **Physicians** Dept. of Human Resources Volunteer Center Crisis Services of North Alabama United Way City of Huntsville Law Enforcement Group Homes **Madison County** Chamber of Commerce Courts City of Madison Hospitals School Systems Volunteers of America **Pharmaceutical Companies** Advisory Groups Vocational Rehabilitation Nursing Homes/Assisted Living Facilities Mental Health Center Board MCC3 National Alliance for the Mentally III - Huntsville Department of Mental Health/Mental Retardation **TARCOG FEMA Foundations Boarding Homes** Social Security Administration **HEMSI** State & Local Elected Officials Homeless Service Providers Media Multi-needs Team Foster Home Providers **Support Groups Public Transportation** 

The following goals and objectives from our fiscal year 2010/2011 Strategic Plan include:

Villa Madrid Apartments

Residential Treatment Facilities

#### **Service Delivery**

Colleges/Universities

Religious Organizations

GOAL: Develop and sustain quality programs to meet community needs Objectives:

- Increase enrollment in Level III Program by at least 20%
- Increase training of clinicians and case managers in Recovery Philosophy of Care

GOAL: Continuously manage capacity of programs and services to meet customer needs

#### Objectives:

- Increase revenue from programs with defined payment sources
- Develop a campaign to educate the community about MHC services by December 2010
- Certify all clinicians in Cognitive Behavioral Therapy by December 2011

#### Financial/Resource Management

GOAL: Meet or exceed annual budget goals Objective:

 Review monthly financial statements and take necessary actions to meet goals by cutting costs or increasing revenues

#### **Human Resources**

GOAL: Improve the resources to support and communicate the "One Center" concept among staff

#### Objectives:

- Update personnel policies and procedures
- Develop and begin training of all employees on MHC programs/services and basic customer service/communication

**Community Relations** 

GOAL: Enhance positive perception of mental illness and substance abuse within the Community Objectives:

- Obtain training in Mental Health First Aid (MHFA) and implement program in community
- Enhance continuous presence of MHC within the community
- Develop new comprehensive services brochure

GOAL: Enhance the guest experience for all who interact with the MHC Objectives:

- Improve client orientation process
- Improve staff orientation process
- Explore/improve telephone process

Information on the current status of these can be found in the action plans contained in the FY2010/2011 Strategic Planning notebook.

All objectives are to be completed by September 30, 2011 unless otherwise stated.

All strategic planning and performance improvement activities must also:

- Be clinically appropriate.
- Be consistent with sound business practices.
- Incorporate available information from external organizations and resources that could enhance our effectiveness.
- Continuously incorporate data aggregation and analysis from previous performance improvement activities.

We use a model for performance improvement that breaks the process into four basic stages and emphasizes the cyclical nature of performance activities (3301.6; 6101f).

The essential activities are:

- Design/Redesign creating or modifying a process;
- Measure collecting data about the performance and/or results of a process;
- Assess analyzing the data to turn them into information about a process; and
- Improve taking planned action to change a process based on an organization's priorities.

This cycle is a continuous, systematic process and can be entered at any point depending on the needs of the process improvement project.

The Performance Improvement Committee reviews all performance improvement activities including previous year information, input from the quality assurance team,

strategic planning committee, advisory committee, focus groups, quality circle and as well as other stakeholder and customer input.

The following dimensions of performance are reviewed in evaluating the indicators:

<u>Efficacy</u> – the degree to which the individual's care and services have been shown to accomplish the desired or projected outcome(s).

<u>Appropriateness</u> – the degree to which the care and services provided are relevant to the individual's clinical needs, given the current state of knowledge.

<u>Availability</u> – the degree to which appropriate care and services are available to meet the individual's needs.

<u>Timeliness</u> – the degree to which the care and services are provided to the individual at the most beneficial or necessary time.

<u>Effectiveness</u> – the degree to which the care and services are provided correctly, given the current state of knowledge, to achieve the desired or projected outcome(s) for the individual.

<u>Continuity</u> – the degree to which the individual's care is coordinated among disciplines, among organizations, and over time.

<u>Safety</u> – the degree to which the risk or an intervention and risk in the care environment are reduced for the individual and others, including the health care provider.

<u>Efficiency</u> – the relationship between the outcomes (results of care) and the resources used to deliver individual care and services.

Respect and Caring – the degree to which those providing care and services do so with sensitivity and respect for the individual's needs, expectations, and individual differences.

Performance Improvement Indicators for FY2010/2011 include:

- Reduce Certification Site Visit Deficiencies
- Track incidents, special incidents, serious special incidents and medication errors
- Monitor residential length of stay and appropriateness of client admissions
- Monitor admissions criteria for all certified programs
- Identify and track client complaints
- Monitor and improve client consumer satisfaction
- Assess appropriateness of treatment planning and provide feedback on deficiencies
- · Reduce client wait time
- Improve financial performance of organization
- Increase the number of staff who fully complete training requirements
- Increase community outreach contacts
- Monitor at-risk client contact

All indicators are tracked in our monthly Performance Improvement Committee meetings and scorecard review process and detailed data is filed in the PI Plan Notebook.

### Performance Improvement Committee Structure

Our Performance Improvement Activity is organized by the Executive Director and is operated through a committee structure (3301.5; 6101e). Our Performance Improvement Committee is currently comprised of key management including:

The management team is made up of the following positions:

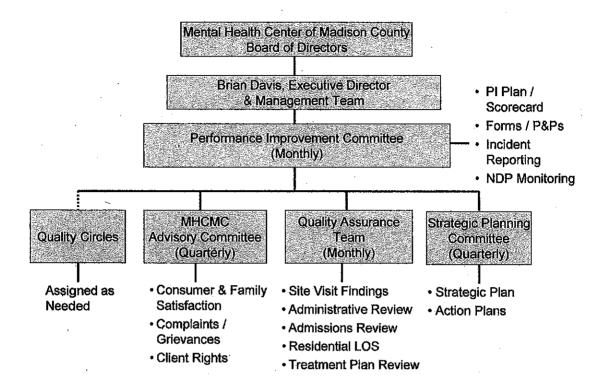
- Executive Director
- Clinical Director
- Chief Financial Officer
- Adult Services Director
- NOVA Center Director
- Human Resources Director
- Community Education/Public Relations Director

And includes the following, as needed, for strategic plan development and performance improvement/quality assurance activities:

- Adult Substance Abuse Services Program Manager
- Child and Adult Outreach Services Program Managers
- Adult Recovery Services Coordinator
- Adult Crisis/Registration Manager
- Records Manager/Privacy Officer
- Information Services Manager
- Assertive Community Treatment Program Manger
- Accounts Receivable Manager
- Accounting Manager
- NOVA Administrative Manager
- NHRC Administrative Manager
- Launch Program Manager
- PI Manager
- Staff Representative(s)\* (clinicians, nurses, etc.)

The Performance Improvement Committee is chaired by the performance improvement manager (currently Marilyn Lands, M.S., LPC) who will attend all DMH sponsored PI Training (3302.1; 6101e). The PI manager will also organize monthly work sessions to review the performance improvement plan. The committee structure is depicted in the diagram on the following page:

<sup>\*</sup> Staff representative(s) will be selected to represent the views of staff and will solicit input from other staff members to bring forward in planning sessions. These representatives may rotate attendance and will be appointed by their supervisor or division director.



At least once per year staff members will receive training in performance improvement techniques which will be offered in-house at least quarterly and also provided on-line through Essential Learning Systems. At least every two years, the Executive Director will attend all division staff meetings to provide copies of highlights of the Strategic Plan and Performance Improvement Plan and Scorecard to each employee and will discuss information about how to provide input into the process (3302.2).

The plan is reviewed by the Huntsville/Madison County Mental Health Board at least every two years and as needed upon substantive revision (3301.2; 6101b). The Board of Directors will also receive quarterly reports from the Performance Improvement Manager for review (3301.7; 6101h).

The Mental Health Center of Madison County will participate in all required performance indicators and Quality Improvement Reporting requirements as specified by the DMH Mental Illness Performance Improvement Committee and Substance Abuse Services Division standards (3301.9).

### **Ongoing Performance Improvement Monitors (3301.8)**

The Quality Improvement component of the PI system will include, at a minimum all MI and SA system level performance measures as specified by Department of Mental Health, as well as program specific, provider identified performance indicators (6102).

### **QUALITY ASSURANCE**

Certification Site Visits: The Center will pursue certification from DMH for its administrative activities and clinical service programs.

It is understood that DMH will conduct periodic certification site visits at the Center's facilities and programs for the purpose of determining compliance with the standards set forth by DMH. All findings of deficiencies as well as suggestions made by DMH will be reviewed by the Clinical Director and Performance Improvement Committee. Following each review, the PIC will make assignments within programs to address deficiencies contained within the report or designate a quality circle to develop strategies and solutions to address specific problems. Ultimately the PIC will develop recommended action plans and finalize a report to be sent to DMH.

Following acceptance of the Center's action plan by DMH, the Center will systematically monitor each plan of correction through the Quality Assurance Team (3303.1). The mechanisms of monitoring will be documented along with the results of periodic and routine 'in-house' audits to assure on-going compliance with DMH standards.

Visits from DMH Advocacy Personnel: Consumer advocates employed by DMH are given full and immediate access to all Center programs and facilities. It is understood that advocates provide the Center with reports as necessary to bring consumer care issues to the Center's attention for review and remediation. Monitoring reports are typically program or facility-specific and point out problems that need to be addressed on a soon-as-possible basis. Consumer concerns will be reviewed by the Center's executive director and thereafter assigned to appropriate program personnel to respond. Any plan of action to correct the consumer issue will be monitored for continued compliance. Monitoring reports will be reviewed on a quarterly basis by the MHC Advisory Committee to detect any significant trends in the quality of programs and services offered to consumers.

Other Regulatory or Certification Visits: The Center is subject to regulatory inspections as required by local ordinances or local code. When such inspections result in the identification of an immediate need for correction, the matter will be brought to the attention of the Executive Director for review. Such reports will be addressed and corrections made by the specific program affected by the regulatory requirement with follow-up reports provided to the PIC.

QA Review of Consumer Service Records (3303.2): It is the Center's policy that consumer records be reviewed six months after the chart is opened. An appropriate sample of charts will be reviewed including current and former clients (6106) to determine whether:

- 1. the application of each service began at the appropriate point during the client's course of treatment (6103a);
- 2. the appropriate service was provided for an adequate duration (6103b);
- 3. the appropriate goals were stated for each service in the client's program (6103d):
- 4. the services produced the desired results in terms of the stated goals (6103e);
- 5. the client has been actively involved in planning and making informed choices regarding his/her program (6103e).

A staff member shall not be the sole reviewer of the program of service for which he/she is responsible (6104) and the review shall be conducted irrespective of the funding source for the person served (6105). All consumer records are subject to an administrative review at closure to assure that DMH standards and Center policy/procedures are adhered to.

Annual Review of QA Findings: The Quality Assurance Team reviews aggregate data on a quarterly basis for problems/trends that may be discovered at that time (3303.3). Suggestions for changes, improvements and/or corrections will be duly noted and made known to the Clinical Director, the Performance Improvement Committee and relevant program coordinators. Reports on audit analysis and summary findings will be maintained as part of the Performance Improvement Committee documentation (6107).

### **QUALITY IMPROVEMENT**

The Quality Improvement component of the Performance Improvement Plan includes performance indicators of measures as specified by the DMH Performance Improvement Committee (3304). These indicators are Mental Illness System performance measures. The monitoring, evaluation, and assessment of corrective actions are followed by the Performance Improvement Manager and are communicated to the Board, Executive Director, clinical and administrative supervisory staff and other staff members that are needed to ensure compliance with the corrective action plan taken in response to the findings.

Other quality improvement indicators will be included as performance improvement monitors based on specific center needs. Any staff member can submit items for inclusion by participating in PI training or making a written submission to the performance improvement committee who will review at the next planning session. Each Director will also be encouraged to include items specific to their division or function. Current quality improvement indicators include client wait time; variance from budget; required training completed, community collaboration contacts and high-risk client contact compliance. These will be reviewed by the Performance Improvement Committee on a quarterly basis.

### INCIDENT PREVENTION AND MANAGEMENT

The Incident Prevention and Management System component includes the identification, reporting, investigating and performance improvement review of Special Incidents and Serious Special Incidents as defined and required by DMH (3305.1). The specific definitions, reporting requirements, reporting procedures, and review of incident data as required by DMH are contained in the CERTIFIED PROGRAMS SPECIAL INCIDENT PROCEDURES.

Mandatory reporting items include death, major injury to a consumer, suicide attempt, suspected sexual assault and any allegation of physical abuse, sexual abuse, neglect, exploitation, mistreatment or verbal abuse, elopement of consumer in a residential program under a commitment order, all suicides without regard to location of the consumer, and all abuse/neglect allegations involving staff members of provider regardless of where abuse/neglect was alleged to have occurred.

Serious Special Incidents, as defined by the DMH incident reporting procedure, should be reported by the organization to DMH within 24 hours. In addition, incidents that are judged by the Executive Director or his/her designees to be severe in nature, scope, or consequence to the consumer or to the System should also be reported to the designated official of DMH as soon as possible, but not later than 24 hours of occurrence.

Since FY2008, medication errors have been tracked as part of this process.

All reporting is on forms approved or required by DMH. All copies of reports are given to the Records Manager/Privacy Officer who then reports them to the State in accordance with their procedures (3305.2) and prepares summary data to present at monthly PIC meetings.

The Clinical Director is responsible for investigating or supervising the investigation of Special Incidents involving consumers. The Executive Director may assign staff within or outside the program to review or investigate such Special Incidents. Investigations occur immediately after the reported incident and such investigations are completed if possible within 30 days of their initiation. Investigations follow protocols as specified by DMH published procedures. The Executive Director, Clinical Director and/or Performance Improvement Manager are responsible for conducting or supervising investigations and are required to attend a DMH Special Investigation Training Workshops on a periodic basis required by DMH.

The Center's policy regarding special incident investigations requires that the data accumulated from such incidents be reviewed on a monthly basis as part of our Pl Scorecard process. Reviews will focus on the identification of any specific trends in the type of incidents investigated so that changes can be made to programs or services to reduce the risk of harm to Center clients (3305.3). In addition to examining the incident reports and investigation findings, the Performance Improvement Committee is responsible for developing any Pl changes made in programs or services and to assess the effectiveness of such changes.

**UTILIZATION REVIEW** 

It is the policy of the Center to monitor the utilization of its MI Residential Program resources (beds) to help assure that the beds are used in the most efficient manner. The Quality Assurance Team will meet at least monthly to review the LOS for each residential program (3307.1). The review will focus on group homes and those selected Foster home settings that are considered by the Center to serve a transitional housing mission. These reviews will be conducted as required by DMH Standard 4723 and will compare the actual LOS found in each program with the LOS contained in the program description. Actual LOS for any given consumer may not

indicate a need to change a program, nor will an average LOS for a program that is found to be greater or lesser than the expected LOS necessarily bring about Pl changes to the program. Average lengths of stay that are greater or lesser than the expected LOS for a program will be investigated by the Treatment Team for appropriateness.

The Quality Assurance Team will review the admission information for a randomly selected sample of MI Certified Program service consumers on a yearly basis (3307.2). The sample of records reviewed will be drawn from those clients who were admitted to the program in the 12-month period prior to the month during which the review is conducted. The review will include a representative sample of the records that qualify for the review. The Quality Assurance Team will also monitor timely MHC admissions for all hospital discharge clients.

### CONSUMER AND FAMILY SATISFACTION

The Mental Health Center of Madison County uses a variety of instruments to measure consumer and family satisfaction with service delivery and outcomes including Center surveys, State sponsored surveys, complaints and grievances, HEART comment cards and suggestions from the MHC Advisory Committee (3306.1, 3306.2). The Center may administer consumer surveys or assessments at any program level as appropriate. The surveys are turned in to the Community Education Director who compiles the data and files the results with the appropriate division. The Directors of each division review the results and follow up as needed. All survey results will be disseminated to the PI committee and reviewed in meetings to determine any trends or specific improvement strategies that need to be implemented (3306.4). All assessments follow the guidelines set forth by DMH.

In FY2007 the Mental Health Center initiated the HEART (Helpful, Encouraging, Accepting, Respectful, Timely) Campaign. All staff received training in the process and comment cards (copy included in attached addendum) are available in each division for clients to provided feedback. Results of this feedback will be compiled quarterly by the Advisory Committee and reviewed in PI meetings. The Executive Director will be notified immediately of any feedback that would require intervention.

Consumer Quality of Life will be assessed through the annual State-sponsored MHSIP consumer survey process (3306.3). Complaints and grievances are reviewed by the various directors of each division and then given to the MHC Client Advocate. These are filed along with the process of how these complaints/grievances are addressed and resolved. On a quarterly basis, the Performance Improvement Committee reviews the data collected (3306.5). This information is used to identify any trends or areas that need specific improvement strategies to be implemented.

On an ongoing basis, all consumer records are reviewed as to the appropriateness of the services being utilized. If it is determined that services are not appropriate for the consumer, action is taken to utilize more appropriate services.

The Center shall participate in System Level activities (including the use of the MHSIP and other DMH sanctioned external monitoring activities) to assess and to identify actions for improvement (3306.8).

### REVIEW OF TREATMENT PLANS

It is the policy of this center that the treatment planning process of each direct service provider be reviewed on an annual basis. These reviews will be conducted to judge the appropriateness of the treatment planning process and will be conducted by the Quality Assurance Team every twelve months for each direct service staff member but may be conducted on an ad hoc basis if necessary to review any given staff member's job performance.

The sample of records reviewed for any given direct service staff member will include assessments of the following aspects of the treatment planning process (3308.1):

- i. The timely development of each reviewed intervention plan
- ii. An assessment of the appropriateness of the planned intervention in light of the problems presented by the consumer.
- iii. A review of whether documented services are clearly related to the intervention plan.
- iv. A review of whether collaterals were involved as needed.
- A review of whether the intervention was modified if warranted by the clinical situation.

The Quality Assurance Team will conduct a quarterly study of the findings from the treatment plan review process (3308.2). This study will examine the reports for trends or patterns of deficits in the treatment planning process. Feedback about any detected deficit trends will be provided to division coordinators so the treatment planning process in their program area can be improved.

### **Consumer and Family Member Involvement**

The mechanisms for receipt of, and response to, consumer and family members' input will include the use of Consumer Satisfaction with Services Surveys, Consumer Satisfaction and Quality of Care Surveys, Family Satisfaction with Services Surveys, HEART Comment Cards, monitoring and responding to complaints, and quarterly meetings with the Center Advisory Committee (3302.3).

Surveys will play an important role in soliciting input from consumers and families through the State-sponsored MHSIP and other program level instruments. HEART Campaign comment card information will be reported on a quarterly basis. A summary of the complaint log will be included in the Advisory Committee's quarterly report to the PIC. Input will also be received from Center clients, members of the Alliance for the Mentally III, and other agencies, individuals and stakeholders in the community.

The MHC Advisory Committee is comprised of current and former clients, family members, community representatives, local officials and citizens at large. The Advisory Committee serves as an advisory body to the Executive Director and Center Board of Directors and provides feedback in regard to consumer satisfaction, need for services, and assists in developing Center goals.

The Community Education Director will review and analyze information from the Client Satisfaction Surveys, HEART Comment Cards and other sources. Reports on survey

data and other performance improvement activity will be distributed to the Performance Improvement Committee and the Board of Directors.

The Center will ensure that all data collection protects consumer/family member confidentiality (3302.4). All survey instruments will not require names or any identifying information. All processes will ensure Center and HIPPA confidentiality standards. Center and departmental surveys will be turned in to the Center or department receptionist, comment cards can be turned into the receptionist or comment card boxes which are collected by the Community Education Director, MHSIP State Survey instruments are turned in to the division secretary and then forwarded to the MIS Manager for input into the State database.

In FY2009 community focus groups were added as part of the process and a summary of the questions and questionnaires are attached as well as an exercise that the management team participated in during the strategic planning process. We have attempted to integrate much of the comments and ideas in this new plan and will continue to update this process at least every two years.

The Center will make appropriate provisions for those consumers and family members when either are deaf, limited English proficient, or illiterate (3306.3). The Center has onsite a Regional Deaf Services Coordinator and Interpreter who are available to work with clients who are deaf or hard of hearing. We maintain an agreement with the Volunteer Center of Madison County to provide interpreters in many foreign languages for our consumers and family members with limited English language skills. We also provide staff members who can read and fill out surveys, rights statements and other Center documentation to clients and family members who are illiterate as needed.

### METHODS FOR DATA COLLECTION

Consumer Satisfaction Surveys - The Consumer Satisfaction with Services Survey will be conducted in a manner and frequency advised by the System CQI Committee.

Family Satisfaction Surveys - The Family Satisfaction with Services Survey will be conducted in a manner and frequency advised by the System-wide CQI Committee (3306.2).

Consumer Quality of Life Surveys – The Consumer Quality of Life Surveys will be conducted in a manner and frequency advised by the System-wide CQI Committee (3306.3).

Needs Assessment and Planning Meetings – The Mental Health Center will support the efforts of the Alabama Department of Mental Health to conduct local needs assessment and planning meetings and will incorporate local input in our strategic plan.

HEART Campaign Comment Cards - Comment card data will be collected on an ongoing basis by the MHC Advisory Committee and a quarterly report distributed to the Performance Improvement Committee and the Board of Directors.

Monthly Statistical Reports - Data processing will produce monthly reports detailing all services provided by program and staff members. These reports will be distributed to members of the management team as appropriate.

Monthly Financial Statements - The Chief Financial Officer will prepare a monthly financial statement to be distributed to members of the management team as appropriate.

Participation in State System Evaluations – It is the policy of this Center to offer DMH full cooperation with all satisfaction evaluation efforts that are conducted of the MI and SA services system. Such evaluations can identify community services areas that require improvement across-the-board in all community programs.

Focus Groups - In FY2009 community focus groups were added as part of the strategic planning process and will be conducted bi-annually in the future.

### PROCESS FOR REVIEW AND UPDATE

The Performance Improvement Committee will evaluate goals, objectives, indicators, and effectiveness of the Quality Improvement Plan every two years. Also, each division director will be responsible for obtaining staff input in performing annual evaluations of their program's goals and objectives to determine needed changes. Revisions and updates, as determined by the Executive Director, will be presented to the Board of Directors for consideration and adoption.

## Evaluation of Performance Improvement Plan Effectiveness and Dissemination of Information

The Performance Improvement Committee is responsible for the development, implementation and evaluation of the continuity and effectiveness of the Center's Performance Improvement Plan and overall Performance Improvement Program. The plan is updated every two years to provide a template for the Performance Improvement Program to include program structure, goals and objectives, key processes, and systems monitoring and evaluation activities. The plan defines the process for evaluating the continuity and effectiveness of the overall program through addressing the program's quality activities and documentation of significant contribution made in the improvement of care and service to consumers.

The PI Manager will organize monthly work sessions to review the performance improvement plan and quarterly meetings for the strategic (or annual) plan. After each meeting a scorecard report will be produced and disseminated. Each quarter the Board of Directors will have a specific agenda item to review the plan and scorecard. At least every two years the plan will be distributed to all staff members by attachment to a memo from the Executive Director or through presentations at the divisional staff meetings. New staff members will be given copies of the PI and Strategic Plans as part of their new-hire orientation. The plan and scorecard will also be made available to the Advisory Committee at their regular scheduled quarterly meetings on an as-needed basis. Copies of the plan and scorecard will be available to advocacy groups and other stakeholders upon request. The Center PI Manager can also provide a presentation to interested parties upon request. The Center's PI Manager is responsible for integrating historical data on the continuity and effectiveness of the program into the design and development of the annual Performance Improvement Plan. The plan will be operational upon approval by the Center Board of Directors.

### **Quality Circle Guidelines**

**Quality Circle Concept:** 

Continuous improvement means just what it says. It is a philosophy that encourages all employees in an organization so that they perform their tasks a little better every day. It starts from the assumption that business processes (e.g. production methods, purchasing, recruitment) can always be improved.

Kaizen is a system for generating and implementing employee ideas developed in Japan. The Kaizen suggestion scheme helped many Japanese companies improve quality and productivity, which allowed them to offer better products at lower prices and therefore increase their market share. Much of the success of Kaizen came about because the system encouraged many small-scale suggestions that were cheap and quick to implement. They also came from shop-floor employees - who had a detailed appreciation of the benefit each change might make to the process concerned. By implementing many small improvements, the overall effect was substantial. One of the most publicized aspects of the Japanese approach to quality management is the idea of Quality Circles or Kaizen teams.

Quality Circles are groups that meet:

- Voluntarily
- Regularly
- In normal working time
- Under the leadership of a supervisor
- To identify, analyze and solve "work-related" problems
- To recommend solutions to management

how often the circle needs to meet

Evidence of successful Quality Circles suggests that there are no formal rules about how to organize them. However, the following guidelines are often suggested:

- The circle should not get too large otherwise it becomes difficult for some circle team members to contribute effectively
  - Meetings should be held away from the work area so that team members are free from distraction
    - The length and frequency of quality circle meetings will vary but when a new circle is formed, it is advised to meet for about one hour, once per week. Thereafter, the nature of the quality problems to be solved should determine
- Quality circles should make sure that each meeting has a clear agenda and objective
  - The circle should not be afraid to call on outside resources or expert help if needed

### Mental Health Center Quality Circle Project:

The Mental Health Center Management Team and Strategic Planning Process will identify projects from its Strategic Planning Initiatives, Performance Improvement Plan or issues identified by employee groups through Performance Improvement Training to evaluate the effectiveness of developing and utilizing quality circles for Center use. The pilot projects will have the following guidelines:

Membership will be appointed by Center Management
 Will elect a team leader from within their membership
 The PI Chairperson will serve in an advisory role and will provide training and set ground rules
 Will meet for six sessions which can be extended if necessary
 Will present their results at the a Strategic Planning Session
 The strategic planning team will make decisions re: implementation and report back to the quality team

If this concept proves successful it will be expanded to other problems and issues as stated above and may in the future actual begin to drive some of content of Center Planning processes.

Mental Health Center

70018 COMPLESS FOR COUNTY

# FY2010/2011 Performance Improvement Plan Scorecard

"off 4" Otr		Pending	Pending	CONTRACTOR		Adults - 10/23 days			Pending								0		O Company of the Comp		1262 days	3	97%	97.6%	0	3		2	Chapter Chapter (Chapter Chapter Chapt		
oata Goal		26%/n/a 30%	21%/n/a 10%			Adult - 15 days	27773 days Level III - ?			53%60% 100%	100	83178	n/a 100%			20//24 0	11/18 0	4/3 0	8/4 0		972/1083 days n/a	39/25	95%/96%	87%	1,3	151.		0 6/8			91%/n/a 95%
Manager FY08/09 Data		D. Rush	D. Rush		· 在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	J. Lucas Adult - 11/14 da		G. Koger Child 28/6 days/25 days	A. Skelton (1			R. Limbaugh	D. Rush			D. Bugbee	D. Bugbee	D. Bugbee	D. Bugbee	· · · · · · · · · · · · · · · · · · ·	P. Mayfield 972	P. Mayfield	P, Mayfield	P. Mayfield	P. Mayfield	P. Mayfield	を できる はない ないこう ないかい かんしょう しゅうしゅう しゅう	J. Toline	R. Limbaugh	(3))(2)x3)(3	D. Rush
Wontton	Quality Assurance	Site Visit Deficiencies	% of Top 5 Site Visit Errors	Substance Abuse Monitor	Quality Imp./Corrective Action	Client Mait Time (Calendar Davs)	To Intake		Variance from Budget	Dominor Training Completed	Sound of the section	Community Outreach Contacts	High-Risk Client Contact Compliance		incident Prevention and Management	apparate and the property of the second of t	Special Incidents	Serious Special Incidents	Medication Errors	Utilization Review	Residential LOS	Residential Admission Data	CARES Occupancy Rate	Hospital D/C Admission Interval	Hospital Readmissions	ACT Admissions to NARH	Cons	The service of the control of the co	Heart Campaign Card Summary	Review of TX Plans	Systematics are used and the personal properties of the personal properties of the personal properties of the personal p

Mental Health Center

Pour campus For Ching

# FY2010/2011 Performance Improvement Plan Scorecard

Admissions Review Data			
Monitor	FY08/09 Data	Goal	2010/2011 Data
REIOP Admissions Review	100%/100%	100%	
Day Treatment Admissions Review	100%/100%	100%	
Triana Life Center Admissions Review	100%/100%	100%	
Geriatrics Admissions Review	100%/100%	100%	
ACT Admissions Review	100%/100%	100%	
NOVA Children's Services Admissions Review	100%/100%	100%	
NOVA Case Management Admissions Review	100%/100%	100%	
FIND Admissions Review	100%/100%	100%	
Case Management Admissions Review	%001/%06	100%	
NHRC Admissions Review	100%/100%	100%	
The state of the s			

# Consumer/Family Satisfaction Data

The state of the s		17.0	2040/2014 Data
Monitor	FY08/09 Data	Goal	20 10/20 11 Data
Maw Horizons Recovery Center		%06	
		,000	
Adults Services	80%/80%	%08	
Medical	94%/88%	%06	
Family	n/a	%06	
Gerietrics	88%/92%	%06	
Geniatrics Outreach	n/a/94%	%06	
NOVA Child & Family Services	86%/n/a	%06	
Case Management & Residential Services	n/a/88%	%06	
Prevention Services	90%/u/a	%06	and the second s
DMHMIR Annual Survey	FY2008 – 75% FY2009: Achills – 83.3%	%06	
	AdultFamily – 81.8% Life Satisfaction – 82.1% Youth – 100% (3 surveys) Youth/Family – 83.3%		



### Focus Group Question Guide Summary

Thursday May 7 & Tuesday May 12, 2009

Participants:

Eric Batt, Huntsville Municipal Court
Tommy Battle, Mayor, City of Huntsville
Debbie Byrd, Huntsville Municipal Court
Lucia Cape, Chamber of Commerce
Jennifer DeMarcus, Department of Human Resources
Sharon Gad, Huntsville Hospital
Cassandra Leslie, National Children's Advocacy Center
James McDonald, Huntsville Municipal
Marcy McFarlin, Partnership for a Drug-Free Community
Sandra Moon, Huntsville City Council Court
Gina Porter, Huntsville Hospital
Mark Roberts, Huntsville Police Department
Cheryl Vance, Crisis Services

Brian made introductions, showed website, reviewed packet information and process

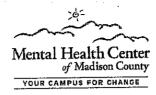
- 1. What is your understanding of the Mental Health Center of Madison County's relationship with the State Department of Mental Health?
  - DMH provides oversight and supervision but little funding
- 2. What positive images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - The drug & alcohol services division has a great program of having participants do community service
  - The extended drug testing program

Reid Webster, TARCOG

- Having NHRC located on the main campus is a plus since most substance abuse clients have other issues as well
- Having different programs for MRT and IOP clients
- The new location is beautiful and pleasant (makes clients feel valued)
- We used to have many complaints about accessibility, none since new director (prior issue with homeless services and politics involved)
- The new labyrinth and challenge course are great programs to bring people to your campus and deal with stigma issue
- Staff takes time out to keep court personnel in loop
- The Huntsville Hospital case manager has done a great job being on-site has made a huge difference; has good rapport with clients; when patients are discharged from HH are seen without 24 hours
- NHRC is good to work with us on payment plans, etc.
- The 2 therapists on-site at DHR have made a real difference in accessibility and convenience
- The new facility is cleaner, friendly, more professional; more inviting -- makes clients feel better about experience

- Your service is a necessity to the City we are glad you are here without these services our community would not be what it is
- I commend the Center for its outreach and community solutions
- Ashley Jones and the PEACE Coalition have been very helpful in assisting with geriatric cases
- New Horizons provides good treatment for substance abuse problems
- Positive assistance with mentally ill people involved in the legal system
- The word on the street is that the MHC is a place where "they will help you"
- 3. What negative images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - The location is hard to find, not centrally located, shuttle service not that accessible, gas prices add to problem
  - The time frame from referral to time of service is too long and keeps courts backed up the same is true for mental health appointments, MD appointments are particularly problematic
  - If a client is on mental health drugs then they are not eligible for substance abuse treatment (staff clarified that this was only benzodiazepines and other addictive medications) still lacking in dual diagnosis treatment clients get pushed to one side or the other
  - Many clients fall through cracks due to lack of insurance, Medicaid and/or ability to pay; clients not seen frequently
    enough (once a month is not enough)
  - Staff can be institutionalized to the problem we need to focus on staff issues people who are dealing with clients have issues as well we need to minister more to the needs of staff that ministers to clients
  - More systemic issues gaps in services or limitations of what can be done
- 4. What improvements would you like to see made at the Mental Health Center of Madison County?
  - There is a need for weekend groups for substance abuse treatment in order for clients to keep jobs
  - There are more and more people with mental illness issues and that is just going to keep escalating the money available is not going to meet the needs
  - There is a perception is that if a family member is ill you will take them and keep them
  - We need more aggressive treatment in community (more ACT teams)
  - We need more services for children more convenient and friendly access
  - More staff for training & help to geriatric facilities (Assisted Living & Nursing Homes) w/ mentally ill residents
  - Need a short-term crisis center designed to figure out the longer-term treatment needs of geriatric patients
  - Need specialty care geriatric placements for those with physical needs and mental illness, especially self-pay & rural
  - Alternative to faith-based approach for those that need Downtown Rescue Mission
- 5. How do you think services at the Mental Health Center of Madison County compare with other community mental health providers?
  - There are no other providers like the MHC in the community except for psychologist network that does pro-bono work
  - Perception in the community is that the quality is lower at the MHC
  - Better location now than when downtown

- 6. What are the most important factors when seeking out mental health and/or substance abuse services? (timely appointments, cost, caring staff, medications, results)
  - That they would get better get the services they need
  - How quickly they can be seen
  - Affordability & timeliness; when they can get in and how often (they need more than once a month)
  - Follow-up what do you offer when they complete the program there is a need for more aftercare programs we do a
    better job on the front end identifying those who need services commit those who need that level of care but after
    that we fall off end up recommitting the same people multiple times—they end up back on street back into same
    cycle
  - I want to know that the person I am referring will be meeting with someone who is sincere about helping them can meet them where they are and get them the services that they need
  - How quickly they can be seen & how easy is it to get into treatment
  - Make the entry process clear to referral sources and make sure all our staff are on the same page
- 7. What is your understanding of how client services are paid?
  - \$60 per week for NHRC
  - Mental health services are too expensive for most clients (states may have been misinformed by clients was glad to
    find out accurate information re: charges)
  - It is important to remember who we are dealing with need to emphasize accountability and responsibility some do have legitimate needs, especially in this economy others spend money on cigarettes, cell phones but not on treatment
  - Never heard of anyone being turned away by the MHC because they couldn't pay
  - Perception is that New Horizons is driven primarily by money and that clients have to go back to "square one" when they relapse because it generates more revenue for the program
- 8. The MHC has recently experienced funding cuts and receives at best level funding from most of its funding sources, yet demand for services continues to increase are you aware of any strategies for obtaining additional revenue support and resources or cost cutting strategies that might work for us?
  - Federal Stimulus Money
- 9. One in 5 people suffer from a diagnosable illness at any given time, yet only about 25% seek treatment partly due to the stigma that still exists what can we do to overcome this obstacle?
  - Nationally, there is a concern that we are warehousing those with mental illnesses in jails and prisons 40-45% of
    prisoners have a mental illness which means that we have moved them from state institutions to jails/prisons where cost
    is even higher
  - The mental health system in Alabama is broke until more funding and resources are available and public opinion is changed we cannot fix this problem
  - The MHC does good community education but can always strive to do more
  - Utilize people with mental illness and/or substance disorders as ambassadors in our community education efforts
- 10. What is your understanding of the level of responsibility between the Mental Health Center and our clients? What do you know about our role in the involuntary commitment process?
  - Seems to be a revolving door to some extent
  - The more services provided by the MHC the more funding is received from various sources



### Focus Group Questionnaire Results Summary

### 13 participants - 12 completed surveys

1.	Have you or a family member ever received services at the Mental Health Center of Madison Count	ty (	<b>)</b>
	have you had any interactions with the Center?		

Yes: 5 (42%)

No: 7 (58%)

If yes, how would you rate the experience?

Very Positive: 0

Positive: 4 (33.3%)

Neutral: 0

Negative: 2

Very Negative: 0

Comment - crazy people in the lobby

If no, should services be needed would you recommend services at the Mental Health Center?

Yes: 9 (75%)

No: 0

No Answer: 3 (25%)

e following services?	
Yes: 12 (100%)	No: 0
Yes: 11 (92%)	No: 1 (08%)
Yes: 7 (58%)	No: 5 (42%)
Yes: 11 (92%)	No: 1 (08%)
Yes: 10 (83%)	No: 2 (17%)
Yes: 8 (67%)	No: 4 (33%)
Yes: 6 (50%)	No: 6 (50%)
Yes: 8 (67%)	No: 4 (33%)
Yes: 5 (42%)	No: 7 (58%)
Yes: 12 (100%)	No: 0
Yes: 4 (25%)	No: 8 (75%)
Yes: 10 (83%)	No: 2 (17%)
Yes: 11 (92%)	No: 1 (08%)
	Yes: 7 (58%) Yes: 11 (92%) Yes: 10 (83%) Yes: 8 (67%) Yes: 6 (50%) Yes: 8 (67%) Yes: 5 (42%) Yes: 12 (100%) Yes: 4 (25%) Yes: 10 (83%)

- 3. Are you aware that the MHC serves clients on a sliding fee scale beginning at just \$10 hour? Yes: 8 (67%) No: 2 (17%) No Answer: 2 (17%)
- 4. Did you know that the Mental Health Center recently opened a separate facility for children and adolescents called the Nova Center for Youth and Family?

Yes: 5 (42%)

No: 7 (58%)

- 5. Are you aware that the Mental Health Center is a public non-profit organization with 501-3-C status? Yes: 11 (92%) No: 1 (08%)
- 6. Did you know that the Mental Health Center accepts various insurances as payer sources? Yes: 11 (92%) No: 1 (08%)

- 7. Did you know that the Mental Health Center provides on-site services through many community organizations including DHR, Huntsville Hospital, Nursing Homes, Public Schools and the Courts? Yes: 9 (75%) No: 3 (25%)
- 8. Has participating in this focus group changed your perceptions of the Mental Health Center in any way? Yes: 10 (83%) No: 1 (08%) No Answer: 1 (08%)

### Please elaborate:

- Information on various grants (new) and positive to hear input from other areas of the community
- I feel that the group will work at the turn around time to appointments
- Even more appreciation for what you do
- More positive outlook of the Mental Health Center
- Transparency is a very positive trait I appreciate being invited
- This was very informative



### Focus Group Question Guide Summary

Thursday, May 21, 2009

Participants:

Ivy Thompson, family member

Nellie LeBas, family member Daniel LeBas, family member

Mary Reeder, advocate

Darlene Berry, Our Place, advocate

Kenneth Anderson, Radio Talk Show Host, advocate

Brian made introductions, showed website, reviewed packet information and process.

- 1. What is your understanding of the Mental Health Center of Madison County's relationship with the State Department of Mental Health?
  - Not addressed
- 2. What positive images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - Seen improvement since Brian came on board, more of an environment for openness.
  - Communication is greatly improved. Brian is very communicative and more open-minded.
  - Clinical staff more willing to communicate with families with less fear of "keeping things private." There is a move to involve families more.
  - Day Programs have improved with positive additions. Josaylon Lucas is a plus. She provided very useful information when she spoke to NAMI earlier this month. Staff is encouraging and supportive. One parent reported that staff called to check on her daughter who was not able to attend groups due to problems with medication.
  - Improvement in accessibility of services (but additional improvements needed.)
  - Improvement in staff returning calls (Dave Rush returned a call almost immediately.)
  - Separating Children and Adult Services was a good move.
  - "Keep up the good work!"
- 3. What negative images or experiences are you aware of regarding the Mental Health Center of Madison County?
  - Timeliness in getting an initial appointment is a problem.
  - Consumers need to be seen more frequently, especially in the beginning of treatment.
  - Even long term consumers may need to be seen more frequently even when they appear healthier as this additional contact would allow provider to witness additional problems.
  - Medication accessibility is very restricted. The window of opportunity to use the Center's pharmacy is too small. This results in sharing and skipping medication. Hours need to be expanded. Participant wondered if the pharmacy could be off site and with longer hours. (Brian explained the restrictions surrounding our pharmacy regarding PHP and IDP and made clear that we were available only to those who qualified. He mentioned that only limitedly do we have free samples for doctors to disburse.)
  - Though communication is improved, doctors and nurses do not always return calls in a timely manner if at all.
  - There is not a clear understanding of the procedure for handling crisis situations both on weekends and after hours. It
    seems that the agencies involved have a breakdown in communication and are quick to hand off the responsibility.

Sometimes this is also an issue during office hours.

- Police officers are not adequately trained to deal with those with mental illness. Participant suggested that the MHC partner in training police officers.
- 4. What improvements would you like to see made at the Mental Health Center of Madison County?
  - We need continued improvement in communication and timeliness and accessibility of services.
  - We need more services for children more convenient and friendly access
  - We need inpatient services for children in Huntsville.
  - We need transportation for children to programs/ hospitals outside Huntsville.
  - One participant who works at Calhoun would like to see services on campus for students dealing with mental health issues.
  - Participants were interested in what we have in mind for improving services for those with dual diagnoses.
  - Pharmacy hours need to be expanded, more accessible.
  - Also, recommendation that the MHC partner with pharmacies across town and communicate to consumers and families who these are.
  - Participant would like to see MHC partner with Law Enforcement to train police officers in appropriately dealing with those with mental illness.
  - MHC needs to communicate more effectively with other agencies to determine the appropriate process for handling crisis situations.
- 5. How do you think services at the Mental Health Center of Madison County compare with other community mental health providers?
  - Perception in the community is that the quality of services is inferior at the MHC thus people prefer private physicians and therapists.
  - Perception is becoming more positive.
  - One participant noted that she has found the MHC to go beyond what one receives in the private sector.
- 6. What are the most important factors when seeking out mental health and/or substance abuse services? (timely appointments, cost, caring staff, medications, results)
  - Cost-many do not have the co-pays required for New Horizons' services. Participant did note that this was better since Brian came on. (Gina reported that if there is a genuine issue with payment, staff will work with that person going further to say that our policy and our practices are not necessarily the same.)
  - Costs chients who have been seen previously and left outstanding balances are not seen again until that balance is
    cleared. (This should not be the case and Brian directed Gina and Anne to investigate this claim.)
  - That they would get better get the services they need
  - That crises would be handled quickly and effectively
  - Affordability & timeliness; when they can get in and how often they can be seen.
  - Caring and qualified staff is important.
  - Timely communication, especially in regard to medication issues
  - Timely access to children's services...even beyond outpatient services. Need inpatient placements locally. In the meantime, consumers need help in getting transportation to placements outside Huntsville.
- 7. What is your understanding of how client services are paid?
  - Clients cannot attend New Horizons unless they are able to meet their co-pays or fees if insurance is not a factor.
  - The Mental Health Center requires past due balances to be paid before the client can be re-opened.
  - All recognized that the MHC does accept various insurances in addition to Medicare and Medicaid.
  - Five of 6 participants realized the MHC was a public, non-profit organization with tax exempt status.

- 8. The MHC has recently experienced funding cuts and receives at best level funding from most of its funding sources, yet demand for services continues to increase are you aware of any strategies for obtaining additional revenue support and resources or cost cutting strategies that might work for us?
  - Several comments were made regarding the MHC partnering with other agencies
- 9. One in 5 people suffer from a diagnosable illness at any given time, yet only about 25% seek treatment partly due to the stigma that still exists what can we do to overcome this obstacle?
  - One participant has in mind an anti-stigma campaign through his radio station and in partnership with the MHC.
- 10. What is your understanding of the level of responsibility between the Mental Health Center and our clients? What do you know about our role in the involuntary commitment process?
  - No responses given regarding either of these



### Focus Group Questionnaire Results Summary

6 participants -6 completed surveys (1 survey was not completed in its entirety.)

1.	Have you or a family member ever received services at the Mental Health Center of Madison County o
	have you had any interactions with the Center?

Yes: 6 (100%)

No: 0

If yes, how would you rate the experience? Very Positive: 2 (33.3%) Positive: 2 (33.3%) Neutral: 1 (16.6%) Negative: 1 (16.6%) Very Negative: 0 Comment – none given

If no, should services be needed would you recommend services at the Mental Health Center? Not applicable

2. <i>I</i>	Aware you aware that the Mental Health Center offers the	following	g services?	
	individual & Group Therapy	Yes:	6(100%)	No: 0
	Adult Day Treatment	Yes:	6(100%)	No: 0
	Geriatric Services	Yes:	4 (67%)	No: 1 (17%)
(	Case Management	Yes:	5 (83%)	No: 0
	Residential Services	Yes:	4 (67%)	No: 1(17%)
	Intensive In-Home Intervention for Families	Yes:	4 (67%)	No: 1(17%)
_	School Based Counseling	Yes:	2 (34%)	No: 3(50%)
	Challenge Ropes Course for Corporate Training	Yes:	3 (50%)	No: 2(34%)
	Community Labyrinth Open Daily to the Public	Yes:	5 (83%)	No: 0
	Substance Abuse Treatment	Yes:	5 (83%)	No: 0
	Deaf Services	Yes:	1(17%)	No: 4(67%)
-	Partial Hospitalization/Crisis Residential Services	Yes:	6(100%)	No: 0
	Diagnostic Testing	Yes:	5 (83%)	No: 0

- 3. Are you aware that the MHC serves clients on a sliding fee scale beginning at just \$10 hour? Yes: 6 (100%) No: 0
- 4. Did you know that the Mental Health Center recently opened a separate facility for children and adolescents called the Nova Center for Youth and Family?

Yes: 5 (83%) No: 1(17%)

- 5. Are you aware that the Mental Health Center is a public non-profit organization with 501-3-C status? Yes: 5 (83%) No: 1 (17%)
- 6. Did you know that the Mental Health Center accepts various insurances as payer sources? Yes: 6 (100%) No: 0
- 7. Did you know that the Mental Health Center provides on-site services through many community organizations including DHR, Huntsville Hospital, Nursing Homes, Public Schools and the Courts?

Yes: 6 (100%)

No: 0

8. Has participating in this focus group changed your perceptions of the Mental Health Center in any way? Yes: 6 (100%) No: 0

### Please elaborate:

- Good information...exciting. Thank you!
- Improvement in many areas which is on the right track. Keep up the continued good work!
- Better understanding
- I already had a better view of the MHC, and it has been further enhanced tonight.
- My belief in the agency as a viable part of the community was affirmed and enhanced.

Rate Our HEART Your input wanted

Division name:



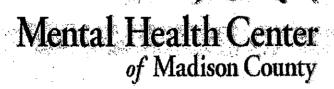
Was the Mental Health Center Staff today: 1 being the lowest and 5 being the highest

1.	Helpful	1	2	3	4	5
2.	Encouraging	1	2	3	4	5
3.	Accepting	1	2	3	4	5
4.	Respectful	1	-2	3	4	5
5.	Timely	1	2	-3-	4	5

Please make comments on the back and return to any staff.

			•		
<u> </u>	• .	-	·		
		<u> </u>			<u> </u>

You are also encouraged to contact the Executive Director at 705-6301 if needed or provide us your name and contact information so we can follow-up with you. *Thank you* 



YOUR CAMPUS FOR CHANGE

# **Program Descriptions**

Updated 9/0707

## **Mental Health Center of Madison County**

### **Program Descriptions**

### TABLE OF CONTENTS

Adult Services Division:		04
Assertive Community Treatment		05
Case Management		08
Continuing Care	$(-1)^{-1} = (-1)^{-1} + (-1)^{-1} + (-1)^{-1}$	10
Geriatric Assisted Living Program		12
Geriatric Nursing Home Program		15
Injection Clinic		18
Intensive Day Treatment		19
Medical Support Services	•	23
Partial Hospitalization Program		25
Rehabilitative Intensive Outpatient Program		29:
Triana Life Center Mental Illness Intensive Outpatient	Program	33
Case Management/Residential Services:		35
Residential and Foster Care Program		37
Hospital Avoidance Program		39
Case Management/Residential Services Addendum		40
Community Liaison		41
Grandview Estates		42
Shelter Plus Care Program		43
SunPoint Personal Development Program		45
Crisis Respite Center	(see VOA A	∖ttachmen
Child and Adolescent Services Division		52
Child and Adolescent Outpatient Services		53
Family Integrity Network Demonstration (FIND)		56
Child and Adolescent Case Management Services		57
Medical Support Services		59
Client Registration and Crisis Services		61
Patient Assistance Program		63
Community Education Services		64
New Horizons Recovery Center		67
Pharmacy/Indigent Drug Program		69
Substance Abuse Prevention Services		71

### **Adult Services**

The Adult Services Division provides comprehensive mental health services to the general population who are in a state of transition before, during, and after the onset of a major mental illness. Major mental illness is defined as including all of the DSM IV categories of diagnoses, which involve a psychosis. This program is made up of the following service components:

Assertive Community Treatment
Continuing Care
Geriatric Assisted Living Program
Geriatric Nursing Home Program
Intensive Day Treatment
Partial Hospitalization Program
Rehabilitative Intensive Outpatient Program
TLC Mental Illness Intensive Outpatient Program

ASD serves seriously mentally ill consumers who have had severe maladaptive or disruptive behavioral problems, but who no longer need inpatient services. Services will be provided to all adult citizens of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

ASD is designed to provide services for consumers on a long-term basis. When consumers come into the service, it is assumed that they do not need inpatient services. Individuals are accepted into this service that are actively in crisis in terms of living arrangements, family interaction, medications, etc. Individual, family, and collateral therapy go hand-in-hand with the medication maintenance and reduction programs, the latter being carried out under strict psychiatric supervision.

Adjustment and stabilization in the community are keystones of these treatment services and are provided through individual, group therapy, family therapy, chemotherapy, and day treatment. Day treatment care is given on an outpatient basis while the consumer continues to function in his/her home environment. This service makes operational the concept of providing treatment in the least restrictive environment. Individualized treatment plans include support services and provide for continuity of care.

### **Assertive Community Treatment**

### A. ADMISSION/READMISSION

Assertive Community Treatment (ACT) is an intensive and comprehensive, community based service delivery system for the serious and persistent mentally ill. ACT utilizes non-traditional case management implementation and intensive treatment approaches to serve consumers in the community. The primary goal of the program is to assist consumers to maintain in the community while improving their quality of life. A cohort of 36 consumers comprises the caseload of ACT who must meet the following criteria:

- 1. Have a psychiatric diagnosis
- 2. High risk for long-term hospitalization without long standing community support
- 3. Experience residual psychiatric symptoms causing challenges in financial stability, personal care, medical status
- 4. Demonstrate a need for co-existing treatment ex. Psychiatric and substance abuse
- 5. Are unable to cope with a traditional service delivery system
- 6. Have demonstrated a need for long-standing community support to successfully enhance their quality of life.

Consumers may be re-admitted to ACT after termination if the above stated conditions are present. The team psychiatrist approves admissions to the Assertive Community Treatment (ACT) program.

### B. NATURE AND SCOPE OF PROGRAM

The Assertive Community Treatment is provided systematically through a process that includes referral, assessment, admission, and on-going assessment, and continuous treatment planning. A multi-disciplinary team of mental health professionals provides services to the cohort. The multi-disciplinary team gathers initial referral information from the consumer's primary therapist for presentation of the case. Consent from the consumers to participate in ACT is essential and a personal interview to ensure their willingness to participate in the program is required. After the initial assessment of the consumer's life needs, a Consumer Profile is developed documenting the following critical rehabilitation needs:

- 1. Strengths and weaknesses
- 2. Social support (relatives, other agency involvement)
- 3. Social network (neighbors, friends, membership in organizations, spiritual affiliation)
- 4. Social skills/social outlets (hobbies, knowledge of community activities for recreation)
- 5. Functional capacity (education, previous work experience, innate abilities, health status, legal involvement)
- Critical life milestones (marriages, births, deaths)
- 7. Understanding and education about serious and persistent mental illness.

Based on the Client Profile, the Assertive Community Treatment Team develops a hierarchy of life needs of the consumer to begin treatment planning. The cohort receives assistance from the ACT team in all aspects of community living. One of the main focuses of the outreach in the community is to ensure linkage to other services necessary for the enhancement of community life. Therefore, the greatest amount of work is done where the consumer lives. In addition, the on-going relationship with the ACT team provides stability and security for consumers in the cohort. The ACT team is responsible for all services provided to participants in the cohort. Therefore, a weekly Treatment Team meeting led by the ACT Team Leader and the psychiatrist is held for initial treatment planning, review of progress and problem solving. Treatment Team meetings are documented in the consumer's chart. Consumer participation in the treatment team meetings is encouraged when appropriate. A "Daily Morning Meeting" is held to document consumer contact, consumer status, and response to treatment. A large white board is used to document information reported during the "Daily Morning Meeting" and minutes of these meetings are maintained in a

notebook in the ACT office. At the conclusion of each morning meeting, team members have a sense of how the consumers are doing and are able to determine problems for the day. Each ACT program staff, with the exception of the psychiatrist, develops a weekly itinerary to organize the service delivery to the cohort. The weekly itinerary is reviewed and/or revised in the "Daily Morning Meeting." Consumers judged to be in a state of crisis are contacted daily several times, if necessary, to de-escalate the crisis. However, the number of contacts by individual team members and totally for the team varies according to individual consumer need with a minimum of once per week in a maintenance phase and up to several contacts for those who require more. All referrals to Assertive Community Treatment are seen by the multi-disciplinary team no later than the second week after referral to ensure that all team members are known. Services are provided to the consumers by all of the staff assigned to the ACT team.

### C. SERVICES

The following services are provided to the cohort of consumers as indicated by consumer need:

- 1. Intake
- 2. Physician Assessment and Treatment
- 3. Medication Administration
- 4. Medication Monitoring
- 5. Individual and/or group therapy
- Case Management
- Crisis Intervention and Resolution
- 8. Mental Health consultation
- 9. Family Therapy
- 10. Family Support and Education
- 11. Basic Living Skills

The mental health center's Emergency Call Team serves as the point of contact for any emergency situation occurring after hours. However, the ACT Team Leader or MICS Coordinator is available for consultation for any emergencies from the cohort during or after work hours. The cohort is trained to use "ACT" to identify themselves when calling the after hours emergency call team. The Emergency Call Team is provided a list of names of the participants in ACT.

### D. STAFFING

The staff of the ACT team is composed of experienced mental health professionals with the following credentials: Medical Director of the Mental Health Center, Mental Illness Community Services Coordinator, LPC, ACT Team Leader, LCSW, Registered Nurse, and Case Managers I and II. The ACT Team Leader who has over 5 years of experience working with the SMI population and supervising Case Management is responsible for the daily operations of the ACT Team. Although, the psychiatric coverage is part-time, the psychiatrist is available for consultation as needed. The MiCS Coordinator is responsible for the development and oversight of all programs for the SMI population. With the exception of the psychiatrist, MICS Coordinator, and RN, all other staff is full-time. The ACT caseload does not exceed a 1:12 staff to client ratio.

### E. TERMINATION/TRANSFER CRITERIA

The Assertive Community Treatment program does not limit length of stay. However, consumers are terminated only if they refuse this level of intensity and intervention. In addition, consumers are terminated from Assertive Community Treatment (ACT) when they require long-term hospitalization or when they have been incarcerated by the legal system. Consumers are transferred from the program if they no longer meet the criteria and are referred to another appropriate program if needed. In the event a consumer disagrees with the decision to be discharged from the program, he has the right to appeal the decision through the Division Coordinator and/or Executive Director of the Mental Health Center.

### F. SERVICE AREA FOR PROGRAM

Assertive Community Treatment will be provided to all adult citizens of Madison County who has a psychiatric diagnosis without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral and appropriate action will be reflected in the consumer's Treatment Plan

Rev 10/05

### Adult Case Management

### A. ADMISSION/READMISSION

This program serves all Seriously Mentally III in Madison County as defined by DMH/MR.

Consumers are assigned to this service through referrals from any and all community agencies, Huntsville Hospital, North Alabama Regional Hospital, other Mental Health Center divisions, any individual in the community or self-referrals.

### B. NATURE AND SCOPE OF PROGRAM

The case management program provides services to the SMI population as defined by DMH/MR. The nature of this program is to fill the gap in the continuum between existing centralized Mental Health Center services that require consumer initiative to receive. This program is an outreach and mobile program that coordinates the full range of social, personal, financial, medical, psychiatric, and transportation services.

The following services are delivered within this program:

- 1. A systematic discharge of the specific human service needs of each consumer.
- 2. The development of a systematic consumer coordinated written plan that is developed within the month following the month of intake unless services terminate earlier and lists the actions necessary to meet the needs of each consumer.
- 3. Assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers;
- The direct delivery, or the arrangement for, transportation to needed services if the consumer is unable to transport himself;
- Establishing links between the consumer and service providers or other community resources;
- 6. Advocating for and developing access to needed ser ices on the consumer's behalf when the consumer himself is unable to do so alone;
- 7. Monitoring the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan;
- Systematic reevaluation at 6 months after intake and intervals of 12 months thereafter, of the consumer's human service needs and the consumer's progress goals so that the established plans can be continued or revised.

### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

### Termination Criteria:

A consumer is terminated from the case management program when/he she moves out of the catchment area, no longer requires case management services as determined by the needs assessment, or is deceased.

### Transfer:

Although the consumers continued to be served by the case management program, they may assigned a primary therapist at the Mental Center who is responsible for meeting therapeutic needs and may be transferred within services based on transfer criteria of the service.

### Transfer Criteria

A consumer may be transferred to another therapist within Transitional Care Services if difficulties arise in the therapeutic relationship and to another service if indicated by the consumer's needs.

### D. SERVICE AREA OF PROGRAM

Case Management provides outreach and mobile services that coordinate the full range of social, personal, financial, medical, psychiatric, and transportation needs of the identified population.

Seriously mentally ill persons in Madison County who meet the criteria by DMH/MR.

### **Continuing Care**

### A. ADMISSION/READMISSION

Services are available to all Madison County citizens who meet service area program criteria.

Consumers are assigned to this service from four sources: North Alabama Regional Hospital, Bryce Hospital, Hospital Huntsville, and the Mental Health Center's admissions services division. The consumer's case is staffed to the Coordinator for assignment.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

### B NATURE AND SCOPE OF PROGRAM

Continuing Care services aid consumers and their families by providing the most effective and comprehensive treatment available for a particular mental disorder. This is accomplished by utilizing of a multidisciplinary approach and by coordinating with various programs within the Center, as well as community agencies and services. This service is geared toward both crisis intervention for acute, psychotic symptomology and follow-up facilities in the community, once symptoms are in remission.

A diversity of clinical approaches and services are offered in response to the variety of problems presented by consumers experiencing some of the most difficult of mental disorders. Services provided include: psychosocial and psychodiagnostic evaluations, referral services for more specialized investigations (medical, chemotherapy, inpatient services), community consultation and agency coordination of services. Additionally, individual, group, and family therapy, rational motive therapy, reality therapy, relaxation and cognitive-developmental change models and consumer and family education are utilized to assist consumers in functioning more effectively. Case Management is utilized as an adjunct to therapy when determined necessary to increase the consumer's level of functioning, stabilization in the community, and to maximize continuity of care. Individualized treatment plans include support services, measurable goals and objectives, and provide for continuity of care. Medical services are provided by the Medical Director and a staff nurse.

### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

### Termination Criteria:

Consumer's cases will be closed when they move out of the catchment area, are dismissed involuntarily, request termination, continue to fail to attend appointments, or are deceased.

### Termination Procedure:

The primary therapist is responsible for completing all clinical documentation relative to the closing of his/her consumer's case.

### Transfer Criteria:

A consumer may be transferred to another therapist within Transitional Care Services if difficulties arise in the therapeutic relationship and to another service if indicated by the consumer's needs.

### Transfer Procedure:

The therapist will discuss the consumer's case with the Coordinator of the Division. If there is agreement that the transfer is in the best interest of the consumer, the therapist and/or Coordinator

will staff the case with the Coordinator of the receiving service and with the receiving therapist if needed. Transfer documentation will be the responsibility of the referring therapist and will be signed off by the Coordinators of both services.

### D. SERVICE AREA OF PROGRAM

The clinical population served by Continuing Care services is composed of those consumers carrying diagnoses of major psychotic disorders. The majority of these consumers are referred by a state mental institution or through the intake process of the Center. Continuing Care Services will be provided to all adult citizens of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

Individual with the primary diagnosis of Mental Retardation and/or Organic Disorders are assigned to Continuing Services on a rotational basis with the Outpatient Counseling Services Division.

# **Geriatric Assisted Living Program**

#### A. ADMISSION/RE-ADMISSION

Prior to admission into Geriatric Program, the following criteria must be met:

- 1. Impaired contact with reality, manifested by hallucination, delusions, or ideas of reference;
- 2. Withdrawel, regression, or confusion not warranting inpatient hospitalization;
- Moderate to severe depression (but not requiring constant supervision for suicidal Threats);
- 4. Not able to function adequately socially, occupational or academically,
- 5. Moderate to severe anxiety,
- Disabling somatic symptoms;
- 7. Needs pharmacotherapy requiring observation;
- 8. Attempts to halt or reverse illness on outpatient basis or in supportive treatment is unsuccessful

Referrals may be made by primary care physician.

Client and/or family have to agree to participate in the program.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

An assessment along with appropriate testing is completed to determine the diagnosis and needs of the client.

#### Target Population

- A. <u>Elderly seriously mentally ill:</u> The life expectancy of most elderly manic-depressive patients and schizophrenics are similar to that of the general population. Continued comprehensive therapy is necessary to assure community placement. Changes may occur in clinical and psychopharmacological needs, as they grow older.
- B. <u>Elderly with psychiatric disorders</u>: These disorders may not meet the definition for seriously mentally ill: The elderly may suffer from anxiety disorders, bereavement, and adjustment disorders that require psychiatric intervention.
- C. <u>Elderly with dementia</u>: One of the most common neuropsychotic disorders among the elderly is dementia and related disorders. Dementia patients require basic mental status examination to document cognitive ability and/or functional loss. Many will suffer behavioral problems that require neuropsychosis management.
- D. <u>Elderly with organic mental illnesses:</u> Many elderly suffer from disorders such as post stroke depression, personality disorders, medically induces deuterium or other organically based mental problems.
- E. <u>Elderly with substance abuse problems</u>; Many elderly suffer from alcoholism and the inappropriate use of prescribed medication.

#### Admission Criteria/Procedures

Procedures for admission follow those of the Adult Outpatient Program. Depending on the setting, the referrals are made to the program through the attending physician or psychiatrist. An

assessment, along with appropriate testing is completed to determine the diagnosis and needs of the client.

## B. NATURE AND SCOPE OF PROGRAM

The services provided for the elderly may include the following:

- 1. Psychiatric assessments by a well trained geriatric therapist who is part of a diagnostic team. Medical Director supervises all psychiatric infervention.
- Psychopharmacology management program with particular attention to follow up, medical problems, and side effects of psychotic medications (and other medications) on the elderly.
- 3. Psychological support services include: individual, group, family, crisis intervention therapy and mental health consults. Group therapy will also be available for clients with dementia to assist in maintaining their current level of functioning. Individualized treatment plans will be developed for each client.
- Cognitive assessments such as mental status examination, geriatric depression scales will
  be utilized to assess basic level of functioning. Cognitively impaired patients require
  periodic reassessment to determine level of functioning, appropriate placement, and
  determination of competency.
- 5. Educational programs relating to Geriatric Mental Health Issues are provided for medical health providers, patients, long term care providers and family members.

Estimated Length of Treatment

The length of treatment will depend upon the diagnosis, the setting of the treatment, the type of treatment, the rate of response, and the decision of the treatment team relating to progress of client.

## Goals and Objectives

- 1. To provide mental health services to all nursing homes and Assisted Living Facilities in Madison County.
- 2. To provide services to the community by educating them as well as the patient and family.
- To educate the general public, as well as, professional staff, regarding issues relating to mental health in the elderly.
- 4. To expand outpatient services to the elderly through the local mental health center, working with other professionals in the community as referral sources.
- To avoid unnecessary commitment to state facilities through appropriate, effective interventions within the community.

Staff

Program Supervisor: To train staff, as well as community, supervise geriatric staff, implement effective interventions, for patients and families, maintain a professional working relationship between mental health center nursing home, administrators, medical staff, civic/community leaders, and other professionals in the community. All other duties relative to the position.

Geriatric Clinician (therapist): Masters degree therapists, who are familiar with finding support mechanisms, trained in assessing, testing, and diagnosing the geriatric population. A minimum of 40 hours of training is required with weekly/monthly continuous training.

#### Facilities:

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Termination will be of two types, scheduled and unscheduled.

#### Scheduled:

When a consumer has made significant goal progress and has generalized treatment gains, the primary therapist, and consumer will schedule termination.

### Unscheduled:

If a consumer stops participating without adequate progress toward goals and/or without consulting with their therapist for a period of one month termination will occur. If client decided to terminate services or expires will terminate.

## D. SERVICE AREA FOR PROGRAM

Geriatric Services shall provide to the adult population of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex. social status, or length of residence in the service are, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

## **Geriatric Nursing Home Program**

#### A. ADMISSION/RE-ADMISSION

Prior to admission into Geriatric Program, the following criteria must be met:

- 1. Impaired contact with reality, manifested by hallucination, delusions, or
- 2. Ideas of reference;
- 3. Withdrawal, regression, or confusion not warranting inpatient hospitalization;
- Moderate to severe depression (but not requiring constant supervision for suicidal Threats):
- 5. Not able to function adequately socially, occupational or academically,
- 6. Moderate to severe anxiety.
- 7. Disabling somatic symptoms;
- 8. Needs pharmacotherapy requiring observation;
- Attempts to half or reverse illness on outpatient basis or in supportive treatment is unsuccessful;

Referrals are made by nursing home physician and client and/or family has to agree to participate in the program.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

An assessment along with appropriate testing is completed to determine the diagnosis and needs of the client.

## Target Population

<u>Elderly seriously mentally ill:</u> The life expectancy of most elderly manic-depressive patients and schizophrenics are similar to that of the general population. Continued comprehensive therapy is necessary to assure community placement. Changes may occur in clinical and psychopharmacological needs, as they grow older.

<u>Elderly with psychiatric disorders</u>: These disorders may not meet the definition for seriously mentally ill: The elderly may suffer from anxiety disorders, bereavement, and adjustment disorders that require psychiatric intervention.

<u>Elderly with dementia:</u> One of the most common neuropsychotic disorders among the elderly is dementia and related disorders. Dementia patients require basic mental status examination to document cognitive ability and/or functional loss. Many will suffer behavioral problems that require neuropsychosis management.

<u>Eiderly with organic mental illnesses:</u> Many elderly suffer from disorders such as post stroke depression, personality disorders, medically induces deuterium or other organically based mental problems.

<u>Elderty with substance abuse problems:</u> Many elderly suffer from alcoholism and the inappropriate use of prescribed medication.

## Admission Criteria/Procedures

Procedures for admission follow those of the Adult Outpatient Program. Depending on the setting, the referrals are made to the program through the attending physician or psychiatrist. An

assessment, along with appropriate testing is completed to determine the diagnosis and needs of the client

### **B. NATURE AND SCOPE OF PROGRAM**

The services provided for the elderly may include the following:

- A. Psychiatric assessments by a well trained geriatric therapist who is part of a diagnostic team. Medical Director supervises all psychiatric intervention.
- B. Psychopharmacology management program with particular attention to follow up, medical problems, and side effects of psychotic medications (and other medications) on the elderly.
- C. Psychological support services include: individual, group, family, crisis intervention therapy and mental health consults. Group therapy will also be available for clients with dementia to assist in maintaining their current level of functioning. Individualized treatment plans will be developed for each client.
- D. Cognitive assessments such as mental status examination, genatric depression scales will be utilized to assess basic level of functioning. Cognitively impaired patients require periodic reassessment to determine level of functioning, appropriate placement, and determination of competency.
- E. Educational programs relating to Geriatric Mental Health Issues are provided for medical health providers, patients, long term care providers and family members.

## **Estimated Length of Treatment**

The length of treatment will depend upon the diagnosis, the setting of the treatment, the type of treatment, the rate of response, and the decision of the treatment team relating to progress of client.

## Goals and Objectives

- 1. To provide mental health services to all nursing homes in Madison County.
- To provide services to the community by educating them as well as the patient and family.
- 3. To educate the general public, as well as, professional staff, regarding issues relating to mental health in the elderly.
- 4. To expand outpatient services to the elderly through the local mental health center, working with other professionals in the community as referral sources.
- To avoid unnecessary commitment to state facilities through appropriate, effective interventions within the community.

## Staff

- A. Program Supervisor: To train staff, as well as community, supervise geriatric staff, implement effective interventions, for patients and families, maintain a professional working relationship between mental health center nursing home, administrators, medical staff, civic/community leaders, and other professionals in the community. All other duties relative to the position.
- B. Geriatric Clinician (therapist): Masters degree therapists, who are familiar with finding support mechanisms, trained in assessing, testing, and diagnosing the geriatric population. A minimum of 40 hours of training is required with weekly/monthly continuous training.

C. Geriatric Service Assistant/Mental Health Technician: (Assistant, Behavioral Aide, Social Worker): Bachelors degree assistants that have completed the minimum 40-hour geriatric training program.

#### Facilities:

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Termination will be of two types, scheduled and unscheduled.

### Scheduled:

When a consumer has made significant goal progress and has generalized treatment gains, the primary therapist, and consumer will schedule termination.

#### Unscheduled:

If a consumer stops participating without adequate progress toward goals and/or without consulting with their therapist for a period of one month termination will occur. If client decided to terminate services or expires will terminate.

### D. SERVICE AREA FOR PROGRAM

Geriatric Services shall provide to the adult population of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service are, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

## Injection Clinic

### A. ADMISSION/READMISSION

Available to all consumers of the Center whose psychiatrist (Center only) has placed him/her on injectable psychotropic medication.

When the psychiatrist places the consumer on an injectable medication, the consumer is automatically placed in this service.

## B. NATURE AND SCOPE OF PROGRAM

The Injection Clinic is a component of the Medical Support Services provided to consumers of all divisions of the Mental Health Center.

Injection clinics are available under the supervision of licensed nurses. Injections are given on a scheduled or STAT basis. Close attention is given to periodic psychiatric or psychological evaluation or re-evaluation. Consumers are seen at least once every three months by a clinician for follow-up and sometimes as often as once a week. They must be seen once every six months by appropriate medical personnel. Prescriptions are limited to five refills.

A nominal fee is charged for administration and purchase of the injectable. The clinic is open on Wednesday mornings from 9:00 a.m. - 12:00 noon and 1:00 p.m. - 4:30 p.m. Consumers who do not come for their scheduled injections are contacted and rescheduled.

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Consumers are terminated from Injection Clinic when they are no longer on injectable medication.

### D. SERVICE AREA FOR PROGRAM

The Injection Clinic serves consumers on an outpatient basis and serves all Madison County citizens without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

## Intensive Day Treatment

### A. ADMISSION/READMISSION

The Adult Intensive Day Treatment program provides highly structured services designed to bridge acute treatment and less intensive services such as rehabilifiative and outpatient with the goals of community living skills acquisition/enhancement, increased level of functioning, and enhanced community integration.

Prior to admission for each consumer, there must be approval by a Center Psychiatrist, Licensed Psychologist or Clinical Director, and a diagnosis.

#### Admission Criteria

1. Presence of a psychiatric diagnosis

2. Moderately disabling, persistent, chronic and/or refractory symptoms with no significant clinical progress made or expected in a less intensive level of care

3. Symptoms that do not meet admission criteria for more intensive levels of care but do require the daily structure and supervision of a treatment-oriented therapeutic milieu

 Intensive Day Treatment can be reasonably expected to improve the consumer's symptoms, conditions, or functional level sufficient to permit transition a less intensive level of care

## B. Exclusionary Criteria

- 1. The consumer's degree of impairment, severity of symptoms, and level of functioning require a more intensive level of care
- 2. A less intensive level of care would be sufficient to provide treatment services for the consumer
- The consumer is experiencing mild persistent, chronic symptoms without acute exacerbation and less intensive levels of care can reasonably be expected to improve the consumer's symptoms, condition, and functional level

## B. REFERRALS

Referrals are made by primary therapists at the Mental Health Center or private practitioners of consumers who have been determined to have an identified need for Intensive Day Treatment and who have agreed to participate in the program.

An oral presentation of the consumer's needs and goals, along with a written referral, is reviewed by the Intensive Day Treatment staff to determine appropriateness of admission to the program.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

When the decision is made that Intensive Day Treatment is potentially beneficial, a starting date, schedule of attendance to include estimated length of stay, and transportation are arranged. Seldom is there a waiting list, allowing consumers to start the program as soon as possible.

Upon admission, each consumer is oriented to the program by the IDT clinician, and goals are determined within the limits of the program. Efforts are made to individualize the treatment and

assess to what degree each consumer can take responsibility for self. A principal goal is to facilitate independent living.

Adult Intensive Day Treatment provides at least 20 hours of service per week. Consumers are scheduled 3 to 5 days each week. For those consumers who are unable to attend 3 to 5 days per week or who are absent from the program for more than 48 hours to include weekend. When appropriate, documented evidence is provided to substantiate clinically why the consumer did not attend the minimum number of days.

#### C. LENGTH OF STAY

The length of stay is limited to 6 months or less whenever possible. A client's stay in Intensive Day Treatment may be extended past the expected length of stay for the following reasons:

- Goals and objectives specified on the rehabilitative plan have not been substantially attained, new goals have been identified, or new problems have emerged.
- Further rehabilitative services can be reasonably expected to result in progress toward goals and objectives and/or continued stability.
- Continued treatment cannot be provided in less intensive levels of care (e.g., Rehabilitative Intensive Outpatient Program, case management, standard outpatient services) due to a reasonable risk of relapse and/or hospitalization.
- 4. Documented clinical judgment indicates that attempts to transition the consumer to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to need admission criteria.
- The psychiatrist, psychologist, or Clinical Director approves extending the length of stay for specified period of time, not to exceed 3 months per extension, to achieve clearly articulated clinical objectives.

Consumers may be readmitted to Intensive Day Treatment by meeting or admission criteria and procedures.

#### D. NATURE AND SCOPE OF PROGRAM

Intensive Day Treatment is a treatment-focused program with a combination of time- limited, goal-oriented rehabilitative services designed to eliminate or reduce psychiatric symptoms. It provides assistance to clients who, 1) need to maximize available opportunities to learn the necessary self-help skills that permit their effective integration into the community, 2) need assistance in obtaining skills and information for dealing with problems of daily living, 3) need services to prevent hospitalization, and 4) need observation and/or evaluation.

Intensive Day Treatment constitutes active, intermediate level treatment that specifically addresses the consumer's impairments, deficits, and clinical needs. The following services must be available within the program as indicated by individual consumer need:

- initial screening to evaluate the appropriateness of the consumer's participation in the program
- 2. development of an individualized treatment plan
- 3. medication evaluation and management
- individual, group, and family therapy
- 5. activity/recreational therapy (e.g. sports, leisure activities, hobbies, crafts, music, socialization, field trips)
- 6. social skills training (e.g. conversation and interpersonal skills)
- coping skills training (e.g. stress management, symptom management, problem solving)
- 8. utilization of community resources
- 9. family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.

- basic living skills (e.g. Adult Basic Education, GED, shopping, cooking, housekeeping, grooming)
- 11. medication administration
- 12. medication monitoring
- 13. consumer education closely related to presenting problems such as diagnosis, symptoms, medications, etc. rather than academic training

Adult Intensive Day Treatment is open Monday through Friday, 8:00 to 12:00 noon. Each consumer receives a minimum of one hour of group therapy each week while enrolled in IDT. The number of clients in group therapy sessions does not exceed 15 individuals.

Adult Intensive Day Treatment activities are concentrated in Suite A Comprehensive Care of the Mental Health Center. Three group rooms, an arts and crafts room, a large commons area, a kitchen, and three private offices comprise the primary physical structure. All areas of the IDT program are accessible to those with disabilities.

### E. STAFFING

The Program Coordinator of AIDT is a master's level coordinator with two years post-direct Mental Health experience. In addition a Master's Level Therapist in counseling psychology provides direct daily therapeutic interventions with Post Master experience to consumers in AIDT. This individual is assisted by a BS Level Mental Health Technician.

### F. DISCHARGE CRITERIA AND PROCEDURE

When a consumer has made a significant goal progress and has generalized treatment gains beyond the Intensive Day Treatment setting, the primary therapist, Intensive Day Treatment staff and consumer schedule termination. All discharges are coordinated based on the discharge criteria and the consensus of the multi-disciplinary team made up of the Staff Psychiatrist, primary therapist, and Intensive Day Treatment staff. The multi-disciplinary team reviews readiness for discharge, continued care, and transfer to other programs.

Discharge criteria include the following:

- 1. Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care.
- Consumer's degree of impairment, severity of symptoms and level of functioning have improved enough to resume normal activities or to receive less intensive (e.g., Rehabilitative Intensive Outpatient Program, case management, standard outpatient) services.
- Consumer's degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care.
- Consumer primarily needs support activities, socialization or custodial care that could be provided in other less intensive settings (e.g., drop-in center, Senior Citizen's Center, peer support group).
- Consumer is unwilling or unable to participate in or benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented effort to engage the consumer.

## Unscheduled Terminations:

If a consumer stops attending Intensive Day Treatment without adequate progress toward goals and/or without consult with the assigned therapist or Intensive Day Treatment staff for a period of two weeks, termination occurs. Efforts are made to contact the consumer after three consecutive absences to determine the client's status. If Intensive Day Treatment staff is successful in contacting the client and it is indicated that the client will not be returning to the program,

termination occurs in two weeks. If we are unable to contact the client, termination ensues in two weeks.

When clients have reached maximum benefits of this program, they may be transferred to the Rehabilitative Intensive Outpatient Program (RIOP) or the Triana Life Center, (T. L. C.), a program based on the psychosocial rehabilitative philosophy of care. This program provides weekly individual and group therapy and Basic Living Skills Training with the primary goals of community stabilization and social skills enhancement.

Unscheduled termination may also occur because of serious breaches of program rules, Intensive Day Treatment does not have the services consumer needs, and/or the consumer requires supervision beyond the capability of the staff. The client has the right to appeal termination.

Both scheduled and unscheduled terminated consumers from Intensive Day Treatment can continue to be seen as outpatients.

Suspensions may be imposed when there are breaches of Intensive Day Treatment rules or individual contracts. The consumer can continue to be seen as an outpatient during this period.

### G. SERVICE AREA FOR PROGRAM

Adult Intensive Day Treatment is provided to the adult SMI population of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services are provided regardless of the client's ability to pay to the extent that the financial stability of the program is not jeopardized.

## **Medical Support Services**

## A. ADMISSION/READMISISON

Subject to needs of other divisions.

### B. NATURE AND SCOPE OF PROGRAM

All active consumers of this division are required to have a psychiatric assessment every six months. The psychiatrists are also available for emergency face-to-face evaluations of consumers referred by nurses, therapists, or other primary care staff members. Nurses evaluate consumers on a scheduled or crisis basis and after consultation with psychiatrist, who may require face-to-face evaluation of consumer, medication may be prescribed. Medications can also be prescribed for consumers on an emergency basis. When a consumer is started on medication, initial medication monitoring is required within 5-14 days after the chemotherapy begins. Frequency of subsequent medication checks are made depending on consumer's symptomology and response to medications. These measures are essential to evaluate symptom complex and medication effects and/or side effects. Consumers are scheduled for psychiatric evaluations at the earliest available appointment.

Medical Services supports treatment programs of all active consumers and are available for consultation to Huntsville Hospital Psychiatric Unit, Huntsville Hospital Emergency Room staff and for consult with Mental Health Center emergency call workers in order to provide continuity of care. Psychiatrists facilitate medical student clerkships and provide in-service training for Mental Health Center staff.

### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### Termination Criteria:

A consumer's case is closed when he/she moves out of the catchment area, is dismissed i voluntarily, requests termination, continues to fail to attend appointments, or is deceased.

#### Termination Procedure:

The primary therapist is responsible for completing all clinical documentation relative to the termination of his/her consumer's case.

#### Transfer Criteria

Consumers may be transferred from one division to another within the Mental Health Center system or to other agencies as indicated by consumer's needs.

## Transfer Procedure:

A team composed of psychiatrist, division coordinators, therapists, and R.N. will discuss consumer's case and, when a consensus is reached, consumer is transferred to appropriate division or agency.

#### D. SERVICE AREA FOR PROGRAM:

Active consumers of the Center.

Center psychiatrists' services are designed to be supportive of the treatment plans developed and executed within the Center services. "Psychiatric medications only" referrals from private practitioners will not be accepted except as follows:

- A. The consumer is admitted to the Center's Day Treatment services and continues to be seen in therapy by his/her private practitioner.
- B. The consumer is admitted to the Center's Intensive Outpatient Substance Abuse services and continues to be seen in therapy by his/her private practitioner.

## Partial Hospitalization Program

#### A. ADMISSION/READMISSION

Prior to admission for each client, there must be a verbal, telephone, or written order (all verbal and telephone orders must be co-signed by the attending physician within forty-eight hours).

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

#### B. TARGET POPULATION

The Partial Hospitalization Program is provided to the adult population of Mental Health Center of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. Further, services are provided regardless of the client's ability to pay to the extent that the financial stability of the program is not jeopardized. The Partial Hospitalization Program is time limited to ensure that clients move to a less intense treatment environment.

#### C. NATURE AND SCOPE OF PROGRAM

The Partial Hospitalization Program provides a daytime treatment program for psychiatric treatment to persons with serious mental illness who require resolution or stabilization of acute psychiatric symptoms yet not of a nature to present a severe or dangerous management problem in the home or community.

The following factors indicate the client requires more than outpatient care alone:

- 1. The client is judged to be unmanageable in outpatient treatment alone, so as to require the protected observation and coordinated therapeutic resources of an active treatment partial hospitalization. (Presence 100%)
- 2. For those clients no longer requiring 24-hour care but not capable of assuming full responsibility for their lives. Without partial hospital programming, there would be an exacerbation of symptomatology. (Presence 100%)
- In all instances, the consumer has symptom interference with social, vocational and/or educational functioning. (Presence 100%)

The therapeutic milieu is composed of a multidisciplinary team under the supervision of a psychiatrist. The other members of the program are a Program Coordinator who has a Masters Degree with at least 2 years of experience, an R.N. with at least 2 years of experience, and a Mental Health Technician.

In addition, the medical director is a licensed psychiatrist who shall be responsible for providing the following:

- 1. medication evaluation and management services
- 2. evaluation of readiness for discharge and discharge order
- 3. periodic face-to-face assessment of the patient as medically/psychiatrically indicated, but not less often than monthly
- face-to-face evaluation and certification of need for continued stay on at least a monthly basis
- 5. supervision of treatment staff

The team is focused on relieving psychiatric dysfunction so that the client can return to his premorbid level of functioning in the family and community. The goals are to:

1. prevent deterioration, relapse, or rehospitalization.

offer transitional treatment back into the community following an acute episode in the hospital.

3. improve levels of independent functioning.

4. develop skills to manage illness and provide family and patient education.

Key service functions include the following services delivered within the program indicated by individual client need:

 initial screening to evaluate the appropriateness of the patient's participation in the program

2. development of an Individualized Treatment Plan

3. medication evaluation and medication management

4. individual, group, and family therapy

- 5. coping skills training closely related to the presenting problems e.g. stress management, assertiveness training, and problem solving as opposed to basic living skills such as money management, cooking, etc.
- activity therapy closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.
- 7. medication administration.
- 8. medication monitoring
- family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.
- patient education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training

#### D. PROGRAM STRUCTURE AND ACTIVITIES

The Partial Hospitalization Program activities are concentrated in the Crisis Residential Services Program, House #35, Volunteer of America, 3911Triana Blvd. A large commons area, a kitchen, and office compose the primary physical structure. An open patio and well-kept grounds adjoin the commons area that are used for recreational and exercise activities.

The daily program begins at 8:30 A.M. and ends at 12:30 P.M. Transportation is provided by the Mental Health Center.

The program components are as required by individual client's needs:

- 1. Individual counseling/psychotherapy
- 2. Group counseling/psychotherapy
- 3. Medication management
- 4. Family or other personal support system evaluation/counseling/therapy
- 5. At least daily face-to-face services with the psychiatrist, but not less often than monthly
- 6. Personal hygiene training
- 7. Occupational services

Each client receives, at a minimum one hour per week of individual or group therapy unless clinically contraindicated. Groups do not exceed 15 clients.

#### E. ADMISSION CRITERIA

The admission criteria includes, but is not limited to, the following inclusionary criteria:

1. Presence of a psychiatric diagnosis

Due either to an acute onset of a severe and disabling psychiatric/psychological disorder
or to an acute exacerbation of a severe and persistent mental illness, marked or severe
impairment in multiple areas of daily life sufficient to make hospitalization very likely
without admission to PHP

3. As an alternative to continued hospitalization

- 4. Severe persistent symptoms without acute exacerbation where significant clinical progress has not been made in a less intensive treatment setting and where PHP services are reasonably expected to improve the patient's symptoms, condition, or functional level
- 5. Admission ordered by psychiatrist

The admission criteria, at a minimum, addresses the following functioning criteria:

- 1. Inability to function adequately socially, occupationally, or academically
- 2: Severe anxiety or sever depression
- 3. Disabling somatic symptoms
- 4. Need of pharmacotherapy requiring observation
- 5. Unsuccessful attempts to halt or reverse illness on an outpatient basis
- Need for intensive treatment but inpatient care no longer warranted; outpatient care insufficient to maintain client

#### F. DATA SUPPORTING ADMISSION CRITERIA

The client requires continued coordinated, intensive, and comprehensive treatment to facilitate recovery and transition back to the community, but no longer requires full hospitalization. The client should be able to tolerate a structured group situation and become involved in group as the primary treatment.

The client is capable of assuming responsibility for maintaining adequate functioning at the facility for active participation

The client resides within practical commuting distance from the program and has the capacity to travel independently

The client's family or significant others must be amenable to participate in treatment recommended by the attending physician (i.e., family therapy, conference with hospital personnel, etc.)

Clients suffering from an acute crisis may be accepted, provided that they are not imminently suicidal, homicidal, or extremely agitated.

### G. ADMISSION PROCESS

Following a pre-admission screening, the admitting physician is responsible for determining whether the medical needs of the individual requires partial hospitalization and for writing the physician's order.

#### H. ORIENTATION

Upon the client's admission, the client has an orientation of the Program, including a tour of the facility, explanation of the rules, responsibilities, and interpretation of the Consumer's Bill of Rights

## I REFERRALS

Exclusionary criteria shall address the following:

- 1. client requires a more intensive level of care
- 2. client experiencing mild to moderate symptoms without acute exacerbation
- less intensive levels of treatment can reasonably be expected to improve the patient's symptoms, condition, and functional level.

Referrals are made to the program by the Medical Director, local psychiatric hospital, probate court, clinicians, or private practitioners of clients who have been determined to have an identified need for PHP services and who have agreed to participate in the program. An oral presentation of consumer's needs and goals, along with a written referral, are reviewed by the multi-disciplinary team to determine appropriateness of admission to the program. When the decision is made that the PHP services are potentially beneficial, a starting date, schedule of attendance to include estimated length of stay, and transportation are arranged. There is seldom a waiting list that allows clients to start the program as soon as possible.

All patients receive a formal comprehensive assessment that are documented in the clinical record. This assessment addresses medical, emotional, behavioral, social, recreational, legal, and nutritional needs and resources of the client. Resultantly, a treatment plan is formalized to identify areas of therapeutic focus, treatment objectives, and methods that are used to achieve a positive outcome.

### J. ATTENDANCE

Partial Hospitalization Services are provided at least 20 hours per week and operate a minimum of 4 hours per week. Clients are scheduled 5 days per week. For those clients who are unable to attend 3 to 5 days per week, there is documented evidence to substantiate clinically why the client did not attend the minimum number of days. Therapeutic activities in the form of Basic Living Skills and Group Therapy will be provided over 5 days per week and over the weekend.

#### K LENGTH OF STAY

The expected length of stay is not more than 3 months unless clinically justified. Clients may remain in Partial Hospitalization if admission symptomatology has not significantly improved or has exacerbated, not to exceed 6 months. If this occurs:

- goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged
- further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability
- continued treatment cannot be provided in less intensive levels of care due to a reasonable risk of relapse and/or hospitalization
- documented clinical judgment indicates that attempts to transition the patient to a less intensive level of care is reasonably expected to result in the re-emergence of symptoms sufficient to meet admission criteria
- the psychiatrist certifies the need to extend the length of stay for a specified period of time not to exceed three one-month extensions to achieve clearly articulated clinical objectives.

The multidisciplinary team meets 5 days per week for a review staffing of each client's treatment plan. A disposition regarding discharge is made at the daily multi-disciplinary program treatment team meetings.

### L. DISCHARGE CRITERIA

Discharge Criteria includes the following:

- 1. Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care
- Client's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities (school, work, home) or to receive less intensive services (e.g. intensive day treatment, rehabilitative day program, standard out patient services, case management, etc.)
- Client's degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care
- Client primarily needs support, activities, socialization, custodial, respite, or recreational care that could be provided in other less intensive settings (e.g. drop-in center, senior citizens' center, peer support group)
- 5. Client is unwilling or unable to participate in or benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the client.

### M. TERMINATION/TRANSFÉR

Consumers are terminated based on the consumer's clinical need.

## **Rehabilitative Intensive Outpatient Program**

#### A. ADMISSION/READMISSION

The Rehabilitative Intensive Outpatient Program (RIOP) is based on the psychosocial rehabilitative philosophy of care. RIOP provides weekly individual and group therapy and Basic Living Skills Training with the primary goals of stabilization to prevent re-hospitalization, increase social skills enhancement, illness management, and to maintain community living.

Prior to admission for each consumer, there must be a clinical diagnosis. The following Admission Criteria documents the client's need for services at the Rehabilitative Intensive Outpatient Program:

- 1. Psychiatrically stable
- 2. Inadequate developed self-care skills
- 3. Inadequate knowledge of application of community living skills.
- 4. Poor interpersonal skills
- 5. History of long-term mental illness
- 6. Supported Employment

Consumers who are deaf will have communication access provided by billingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.

#### Procedure:

An oral presentation of the consumer's needs and goals, along with a written referral is required by the treatment team for RIOP admission. When the decision is made that RIOP will be potentially beneficial and appropriate, a starting date, schedule of attendance and transportation are arranged. The consumer is then transferred to a therapist at RIOP and is scheduled to see the psychiatrist every 6 months at this program site.

Exclusionary criteria must include the following:

- 1. The person's level of functioning requires a more intensive level of care
- 2. A less intensive level of care is sufficient to meet the individual's needs
- 3. The individual is not experiencing mild or moderate persistent, chronic symptoms, impairments in one of more areas of daily life, difficulty attaining and sustaining life goals and/or problems with community integration:

### B. REFERRALS

Consumers are referred to the RIOP program by their primary therapist from Intensive Day Treatment.

Special needs requiring support such as mobility Impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

### C. LENGTH OF STAY

Length of stay is long-term, depending on client's individual needs for the program.

Attendance:

Consumers are scheduled to attend a minimum of 3 days per week. The number of days of attendance is determined by the consumer's level of function and/or psychiatric stability. Consumers are given flexible hours to attend the program.

For those consumers who do not attend regularly, documented reasons will need to be provided and an explanation for each absence.

Continued stay criteria include the following:

- Goals and objectives specified on the rehabilitative plan have not been substantially attained, new goals have been identified, or new problems have emerged
- Further rehabilitative services can be reasonably expected to result in progress toward goals and objectives and/or continued stability
- The individual's degree of impairment, disability, and level of functioning have not improved sufficiently to allow continued recovery in a less intensive level of care
- 4. The individual does not require a more intensive level of care

### D. NATURE AND SCOPE OF PROGRAM

The Rehabilitative Intensive Outpatient Program provides a daytime treatment for a diverse population of adult clients with a psychiatric diagnosis who, 1) need to maximize available opportunities to learn the necessary self-help skills to increase community interaction, 2) need assistance in obtaining skills and information for dealing with problems of daily living, 3) need to develop support networks.

In an effort to increase skills and life goals, a vocational track is a component of the Rehabilitative Intensive Outpatient Program. The Vista Vocational Track offers employment assistance. These services are designed to help consumers attain and sustain volunteer work, part-time employment, or full-time employment. The Vista Vocational Track includes those clients who have achieved a level of recovery that indicates a readiness for entry into the world of work. Vista provides, in cooperation with VRS, assistance with assessment on the job, job development, job coaching, and on-going support. VRS provides a design to guide consumers in a structured vocational plan. This plan is call Milestones.

The Milestones program includes:

Milestone I:

Determination of Need

Milestone II:

HIRE

Milestone III:

Job Retention

Milestone IV: Milestone V:

Stabilization Closure

Readmission Criteria:

Consumers are readmitted to RIOP by staffing with the Treatment Team and following Admissions Criteria and Procedures.

#### E. DISCHARGE CRITERIA AND PROCEDURE

If it is determined that the consumer no longer meets the criteria for RIOP, the consumer is referred back to the MICS Coordinator to be reassigned to another program that meets the consumer's needs.

#### F. SERVICE AREA FOR PROGRAM

The Rehabilitative Intensive Outpatient Program shall be provided to the adult population of Madison County with psychiatric problems without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area,

except as provided in the admission criteria. The majority of clients served in RIOP have a major mental illness.

Clients enrolled in RIOP are working towards recovery, are psychiatrically stable, and are independent in community living.

The RDP constitutes active structured, rehabilitative interventions that specifically address the individual's life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The RDP includes an initial screening, an individualized treatment plan, and the following rehabilitative services based on our specific focus of the program and the needs and preferences of consumers participating in the program:

- initials screening to evaluate the appropriateness of the person's participation in the program
- 2. development of an individualized treatment plan
- structured work oriented activities (e.g. learning and practicing god work habits and/or developing skills to help consumers prepare for specific jobs appropriate to their level of ability
- educational skills (e.g. Adult Basic Education, GED, computer skills, support and assistance with returning to school)
- 5. employment assistance (services designed to help consumer attain/sustain volunteer work, part-time employment, or a full-time job)
- 6. goal oriented groups (e.g. groups designed to help consumers identify, discuss, achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family, etc.)
- 7. one-to-one goal oriented sessions (e.g. one-to-one services designed to help a consumer identify, discuss achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family, etc.)
- skill building (e.g. skills training sessions focused on learning, improving and maintaining daily living skills such as grocery shopping, use of public transportation, social skills, budgeting, laundry, and housekeeping to help consumers develop and maintain the skills they need to achieve and/or sustain personal life goals)
- 9. utilization of community resources.

Rehabilitative Program Services is open Monday through Friday, 8:00 to 12:00 p.m.. Each consumer will receive a minimum of one hour of group therapy each week while enrolled in RDPS. The number of clients in group therapy sessions will not exceed 15 individuals.

Rehabilitative Day Program Services (RDPS) activities are concentrated on the first floor level of the Mental Health Center. Two group rooms, an arts and crafts room, a large commons area, a kitchen, and four private offices comprise the primary physical structure. An open patio and well-kept grounds adjoin the commons are used for exercise and recreational activities. All areas of the RDPS program are accessible to those with disabilities.

### E. DISCHARGE CRITERIA AND PROCEDURE

Discharge criteria includes the following:

- Rehabilitative goals have been met and the individual no longer needs this type of service.
- Less intensive levels of care can reasonably be expected to improve or maintain the individual's level of symptom remission, condition, functional level, quality of life, attainment of life goals and recovery.
- 3. The degree of impairment, severity of symptoms, and/or level of functioning necessitate admission to a more intensive level of care.

- 4. The individual primarily needs support, activities, socialization, or custodial care that could be provided in other less intensive settings (e.g., peer support group, drop-in center, or senior citizen's center).
- 5. The individual chooses not to participate.

Unscheduled terminations: If a consumer stops attending RDPS without adequate progress toward goals and/or without consult with the assigned therapist or RDPS staff for a period of two weeks, termination will occur. Efforts are made to contact the consumer after three consecutive absences to determine the client's status. If RDPS is successful in contacting the client and it is indicated that the client will not be returning to the program, termination will occur in two weeks. If we are unable to contact the client, termination will ensue in two weeks.

Unscheduled termination may also occur because of serious breaches of program rules, and/or because RDPS does not have the services the client needs and/or the consumer requires supervision beyond the capability of the staff. The client will have the right to appeal termination.

Both scheduled and unscheduled terminated consumers from RDPS can continue to be seen as outpatients.

Suspensions may be imposed when there are breaches of RDPS rules or individual contracts. The client can continue to be seen as an outpatient during this period.

#### F. SERVICE AREA FOR PROGRAM

Rehabilitative Day Program Services are provided to the adult population of Madison County with psychiatric problems without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. The majority of clients served in RDP have a major mental illness. Clients are working towards recovery and are psychiatrically stable and independence in community living. Further, services are provided regardless of the client's ability to pay to the extent that the financial stability of the program is not jeopardized.

## **Triana Life Center Mental Illness Intensive Outpatient Program**

#### A. ADMISSION/READMISSION

The Triana Life Center (TLC) Intensive Outpatient Program is based on the psychosocial rehabilitative philosophy of care. TLC provides weekly individual and group therapy and Basic Living Skills Training with the primary goals of stabilization to prevent rehospitalization, social skills enhancement, and community living.

#### Level I Consumer

## Admission Criteria

- 1. Psychiatrically stable
- Inadequate developed self-care skills
- 3. Inadequate knowledge of application of community living skills.
- 4. Poor interpersonal skills
- 5. History of long-term mental illness

## Level II Respite Consumer

### Admission Criteria

- Exhibits psychiatric symptoms of sufficient severity to bring to bring about significant or profound impairment in day to day social, vocational, and/or educational functioning.
- 2. Exhibit adequate control over his/her behavior and is judged not to be immediately dangerous to self or others.
- 3. Failed to make sufficient clinical gains within a traditional outpatient setting.
- 4. Ready for discharge from an inpatient setting but is judged to be in continued need of daily monitoring, support and ongoing therapeutic intervention.

Prior to admission for each consumer, there must be a clinical diagnosis.

#### Procedure:

Consumers are referred to the TLC Program by their Individual Therapist. The Day Treatment Coordinator reviews an oral presentation of the consumer's needs and goals, along with a written referral. When the decision is made that TLC will be potentially beneficial and appropriate, a starting date, schedule of attendance and transportation are arranged. The consumer is then transferred to a therapist at TLC and is scheduled to see the psychiatrist every 6 months at this program site.

#### **B. REFERRALS**

Consumers are referred to the TLC program by their primary therapist in the MICS division and from Intensive and Rehabilitative Day Treatment.

Special needs requiring support such as mobility impairment, limited English proficiency, hard of hearing/deaf and vision impairments will be reviewed upon referral action and appropriate action will be reflected in the consumer's Treatment Plan.

#### C. LENGTH OF STAY

Length of stay is long-term, depending on client's individual needs for the program.

#### Attendance:

Consumers are scheduled to attend a minimum of 3 days per week. The number of days of attendance is determined by the consumer's level of function and/or psychiatric stability. Consumers are given flexible hours to attend the program.

For those consumers who do not attend regularly, documented reasons will need to provide an explanation for each absence.

#### Readmission Criteria:

Consumers are readmitted to the TLC Program by meeting with the Day Treatment Coordinator and following Admissions Criteria and Procedures.

## D. NATURE AND SCOPE OF PROGRAM

The Triana Life Center Outpatient Program (TLC) was developed to meet the needs of consumers +who have reached their maximum benefit from Intensive and Rehabilitative Day Program. Day Treatment, group therapy, individual therapy and medication monitoring to the adult consumer with a psychiatric diagnosis. This program provides services for consumers who are preserving independent living.

The program is located at 3911-D Triana Boulevard in Huntsville and operated from 8:00 to 5:00 Monday through Thursday and 8:00 to 12:00 on Friday.

Staffing for the Triana Life Center Program includes an LPC therapist, 1 LCSW therapist and 1 Mental Health Technician.

### E. DISCHARGE CRITERIA AND PROCEDURE

If it is determined that the consumer no longer meets the criteria for TLC, the consumer is referred back to the MICS Coordinator to be reassigned to another program that meets the consumer's needs.

#### F. SERVICE AREA FOR PROGRAM

Triana Life Center Program Services shall be provided to the adult population of Madison County with psychiatric problems without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area, except as provided in the admission criteria. The majority of clients served in TLC have a major mental illness. Clients are working towards recovery and are psychiatrically stable and Independent in community living.

## Case Management/Residential Services

## A. ADMISSION/READMISSION

This program serves all Seriously Mentally III in Madison County as defined by DMH/MR.

Consumers are assigned to this service through referrals from any and all community agencies, Crestwood Hospital, Huntsville Hospital, and North Alabama Regional Hospital, other Mental Health Center divisions, any individual in the community or self-referrals.

### B. NATURE AND SCOPE OF PROGRAM

The case management program provides services to the SMI population as defined by DMH/MR. The nature of this program is to fill the gap in the continuum between existing centralized Mental Health Center services that require consumer initiative to receive. This program is an outreach and mobile program that coordinates the full range of social, personal, financial, medical, psychiatric, and transportation services.

The following services are delivered within this program:

- 1. A systematic determination of the specific human service needs of each consumer.
- 2. The development of a systematic consumer coordinated written plan that is developed within the month following the month of intake unless services terminate earlier and lists the actions necessary to meet the needs of each consumer.
- 3. Assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers:
- 4. The direct delivery, or the arrangement for, transportation to needed services if the consumer is unable to transport himself.
- Establishing links between the consumer and service providers or other community resources:
- 6. Advocating for and developing access to needed services on the consumer's behalf when the consumer himself is unable to do so alone;
- 7. Monitoring the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan;
- Systematic reevaluation at 6 months after intake and intervals of 12 months thereafter, of the consumer's human service needs and the consumer's progress toward planned goals so that the established plans can be continued or revised.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

## Termination:

A consumer is terminated from the case management program when he/she moves out of the catchment area, no longer requires case management services as determined by the needs assessment, or is deceased.

#### Transfer:

Although the consumers continue to be served by the case management program, they may be assigned a primary therapist at the Mental Health Center who is responsible for meeting therapeutic needs and may be transferred within services based on transfer criteria of the service.

# D. SERVICE AREA OF PROGRAM

Case Management provides outreach and mobile services that coordinate the full range of social, personal, financial, medical, psychiatric, and transportation needs of the identified population.

Seriously mentally ill persons in Madison County who meet the criteria by DMH/MR.

## Residential and Foster Care Program

#### A. ADMISSION/READMISSION

To be admitted, the applicant must meet the following:

- 1. be at least 18 years of age;
- 2. have the ability to evacuate the facility in case of emergencies;
- have adequate self-care skills (e.g., personal hygiene, grooming, eating, use of telephone);
- 4. be in need of protective oversight 24 hours a day,
- 5. have deficits in social role and daily living skills:
- 6. have the ability to understand and willingness to abide by the program rules;
- 7. have adequate skills in the use of hot water above 110 degrees Fahrenheit;
- 8. need medication supervision that can be provided in accordance with the limitations of the program and in compliance with physician's written orders;
- 9. have no diagnosis of mental retardation;
- 10. have πo diagnosis of alcoholism or drug abuse:
- 11. have no history of murder, rape, arson, or child molestation (exceptions based upon history and/or clinical judgment);
- 12. have no history of repetitive combative behavior (exceptions based upon history and/or clinical judgment);
- 13. be presently unable to function in a less restrictive environment.

Applications are accepted from all sources. The Program Supervisor and Division Director reviews the completed application and determines whether the individual meets the eligibility requirements of the program. If accepted, the individual will be allowed a two-week trial visit whenever space will permit. If there are no vacancies, the applicant's name is placed on a waiting list.

During the two-week trial visit, the applicant's needs are further evaluated and a residential treatment plan is initiated with input from the applicant.

Length of stay varies. The program has no time limit and the consumer is generally allowed to stay as long as the services are meeting his/her needs, there are no extenuating circumstances that would dictate the consumer's leaving the facility, and the placement continues to be the least restrictive residential setting in which the individual can be served.

When services are denied, the applicant is referred to other agencies that might more effectively meet the needs.

#### B. NATURE AND SCOPE OF PROGRAM

The Residential Care Home Program is a cooperative effort of the Mental Health Center and the Volunteers of America of North Alabama (VOANA). A stable, healthy living environment is provided for the consumers served. Training is available to assist the consumer in acquiring skills necessary to cope effectively with his/her illness and to achieve maximum control over his/her own destiny.

Goals are for the individuals served to be provided with the opportunity to realize his/her fullest potential and to be served in the least restrictive environment possible.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

#### Termination:

Criteria for successful completion of the program are that the individual has demonstrated:

- being free from debilitating or recurring psychosis for a minimum of six months and adequate skills in managing his/her mental illness;
- ability and willingness to continue self-administration of his/her medication in accordance with his/her doctor's prescriptions or orders;
- 3. ability to maintain necessary interpersonal relations with significant others in his/her environment (e.g., doctors, therapist, employer, family, friends);
- ability to care for possessions and to acquire necessities (e.g., food, shelter, clothing, medication);
- 5. ability to cook simple meals, maintain good personal hygiene, laundry, and attend to other basic needs in living independently; and,
- 6. ability to budget resources effectively.

Discharge from the program can result if the individual exhibits:

- 1. severe assaultive or destructive behavior,
- 2. sexually inappropriate behaviors that are illegal and/or dangerous;
- impaired judgment that results in putting others or him/herself at risk of serious physical/psychological harm;
- 4. repeated disruptive or noncompliant behavior to the extent that the operation of the program is impeded and the rights of the other residents are transgressed.

#### Transfer

When the consumer has progressed sufficiently as determined by the appropriate program staff to warrant a less or more restrictive environment, a recommendation is made for transfer.

### D. SERVICE AREA FOR PROGRAM

Residential Care Home provides residential care for adult (18 years old and older) seriously mentally ill (SMI) individuals needing community services to avoid hospitalization and/or institutionalization.

## **Hospital Avoidance Program**

### A. ADMISSION/READMISSION

Persons who are at risk for state hospital admission. Consumers are assigned to this service through referrals from any and all community agencies, Huntsville Hospital, North Alabama Regional Hospital, Madison County Probate Court, Attorney's office, Mental Health Center's Admissions and Emergency Services, any individual in the community or self-referrals.

#### B. NATURE AND SCOPE OF PROGRAM

This service is provided to avoid unnecessary hospitalizations and to assist in the deinstitutionalization of individuals who are hospitalized. HAP Team will undertake to reduce admission/readmission to state hospitals by ten percent, which will ultimately reduce the number of bed days at the state hospital by having intensive management in the community. This is facilitated by close coordination between NARH and HMCMHC during discharge planning activities. The HAP team attends biweekly discharge planning at NARH. Consumers who are discharged from NARH with a history of multi-admissions are immediately placed on the HAP team's caseload.

Joint treatment planning begins during the first contact with the individual therapist at the HMCMHC and the HAP team member. Close coordination with family members or support network is accomplished by regular in-home contact and intervention as needed. In addition, the HAP team members have developed a direct liaison with the guardian ad litem (attorney's) office to receive information on unsubstantiated commitment requests so that rapid intervention can be initiated before commitment requests can be made.

A liaison with the Madison County Probate Court provides a reporting feedback system that enables the HAP team to be aware of all involuntary commitment petitions that are not carried through to completion or that are dropped for lack of an overt act. Finally, the HAP team will make daily to weekly contacts with targeted high-risk caseload through face-to-face contact, telephone intervention, and community support networks. The mobility of this team allows for home delivery of medications, which includes the capability of on-site injections. The HAP team is supported by medical direction from a psychiatrist (Center Medical Director), in-house crisis specialist, therapist and short-term hospitalization at the local in-patient unit.

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

### Termination

A consumer is terminated from the HAP team when he/she moves out of the catchment area, no longer requires crisis case management services as determined by the needs assessment, or is deceased. He/she will be referred to generic case management as needed.

## Transfer.

Although the consumers continue to be served by the HAP team, they may be assigned a primary therapist at the MHC who is responsible for meeting therapeutic needs and may be transferred within services based on transfer criteria of the service.

#### D. SERVICE AREA OF PROGRAM

HAP serves the adult population of Madison County who have previously been diagnosed as having one of the major mental disorders (e.g., schizophrenia, bipolar disorder, etc.) and who have had at least one prior commitment. The second major group served is adults previously unknown to the HMCMHC whose illness is causing a crisis for them and for their family or support system. HAP is designed to be an intense, short-term program with a limited caseload.

# Case Management/Residential Services Addendum

The following programs are a part of Supportive/Outreach Services in the Case Management/Residential Services Division. These service area include: Respite Care, Community Liaison, and Shelter Plus Care Program, Sun Point / Sun Ray, Forensic Case Management, Grandview Estates Foster Home/Apartment Program and Mental Health Court. While some of these programs do have specific standards, they are subject to the State Department of Mental Health/Mental Retardation's quality assurance and certification standards. The Shelter Plus Care and Respite Care Programs are reviewed by DMH/MR on an individual basis for compliance with facility standards. It is noted that certification and re-certification of these programs are carried out in a review process separate to that of the other Mental Health Center programs listed in our Clinical Policies and Procedures Manual. All Case Management subprograms are governed by DMH/MR Case Management standards.

We have also included service descriptions of residential services and foster care since they have specific standards, which are reviewed and monitored by the Residential Services Director of DMH/MR.

# Community Liaison

### A. ADMISSION/READMISSION

This service provides assistance to citizens who were formerly hospitalized and who are presently living in community settings.

When a referral occurs, the community liaison evaluates the prospective consumer, identifies the type placement needed, researches the availability of such a bed, reviews placement options with the consumer, then facilitates the consumer's admission. At times, the community liaison may transport the consumer to the program.

## B. NATURE AND SCOPE OF PROGRAM

The nature of this program is to provide services necessary to maintain quality of care to consumers in foster homes and nursing homes which may include but are not limited to monitoring of financial status of consumer, monitor special needs (e.g., medical assessment) and monitor therapeutic treatment as appropriately assessed.

### C. TERMINATION/TRANSFER

N/A

#### D. SERVICE AREA FOR PROGRAM

Seriously mentally ill persons who have been hospitalized and are in need of community placement.

## **Grandview Estates**

1176 New Market Road New Market, AL 35761 (256) 679 7823

Grandview Estates are magnificently beautiful and spacious apartment, cottage and foster home living for severely mentally—ill adults, nestled in northeast Madison County, in a natural and peaceful setting. The homes rest on 7 acres overlooking tranquil, sloping and winding valleys, surrounded by lush green rolling hills and sky blue mountain peaks. Our one-of-a-kind home sites are superbly detailed with architectural and landscape standards that ensure top quality living, to include modern fire detection and sprinkler systems. Tucked away in the lush green valleys and the rolling mountains of the Appalachians, Grandview Estates' natural beauty, awesome views and manicured landscaping will be preserved for generations to come.

Recreational and social opportunities abound at Grandview Estates, with nature trails, fishing, canoeing, rodeo, swimming, hiking, picnicking and camping just minutes away at the 300acre Sharon Johnston Park and County Lake. Basketball, football, and worship activities lie at the heart of this residential community, with its many warm and friendly schools and churches nearby.

Grandview Estates enables residents to live assisted or semi-independently. Its home where the quality of life is enhanced with responsibilities that become daily and routine habits.

Our non-medical caregivers assist with:

Daily housekeeping services Health services: monitoring, supervision or assistance Weekly personal laundry & linen services Arranging barber appointments Medication Management Meal Planning / Preparation & Clean —Up All utilities, cable & local telephone paid Three Nutritious meals served daily Bath, Grooming & meal time reminders Attending Church Services & Community Activities Weekly Personal Shopping & Dining Out Attending Sporting Activities Communication & Social Skills 24-hour specially -trained on site staff Maintaining Activity Calendar & Birthday reminders Preparing shopping list Scheduled Transportation Discussing Current Events & Monitoring TV. usage Out -of - town vacations Facility Maintenance Select diabetic care Weather Awareness

Escort assistance to & from meals & activities held away from living facility

## **Shelter Plus Care Program**

#### A. ADMISSION/READMISSION

Admission into the program is made by a multi-disciplinary treatment team of the MHCMC, which includes the Coordinator of the Mental Illness Community Service Division, Supervisor of Case Management, case manager(s), therapist(s), and/or referral source.

## Admission Criteria

- 1. Homelessness
- 2. Serious mental illness
- 3. Psychiatric and medical stability
- Independent living skills

The final selection process requires majority decision by the treatment team for admission into the program.

Consumers are notified in writing within three days of the decision made by the selection committee.

#### Referrals

- As a result of outreach efforts, individuals who reside in shelters, missions, transitional living situations, non-permanent housing (e.g., motels) and dwellings not intended for human habitation will be referred to Shelter Plus Care Program.
- Referrals also my be provided by the MHCMC's clinical staff who are serving the SMI population who meet the definition of homeless.
- Referrals may be accepted from local community agencies in accessing alternative housing.

Denials of Admission or those not approved for placement into the program are assisted in accessing alternative housing.

### B. NATURE AND SCOPE OF PROGRAM

The Shelter Plus Care Program is designed to provide homeless persons with disabilities, primarily those with serious mental illness. It has been proven that consumers are most successful in maintaining independent living when they are provided immediate on-site intervention.

The Shelter Plus Care Program consists of thirty-six one-bedroom apartment units and four two-bedroom apartment units. The tenants who occupy these units enter into a sublease agreement with the HMCMHC. In return for housing, the tenant follows the MHC's Supportive Plan, including meeting the goals and objectives outlined in that plan. The sublease agreement also lists all other tenants and/or conditions the tenant must agree to in order to occupy a unit.

### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Terminations will be based on the consumer's lack of compliance with the treatment program as outlined in the consumer's Assisted Housing Agreement. Due process will be followed for the resolution of any complaints or legal actions in the course of administering this program.

## D. SERVICE AREA FOR PROGRAM

The Shelter Plus Care Program provides rental assistance with supportive services to eligible individuals who meet the definition of homeless accepted by the Department of Housing and Urban Development and of Seriously Mentally III (SMI) as defined by DMH/MR.

Homeless persons are those who are sleeping in shelters or in places not meant for human habitation, such as cars, parks, sidewalks or abandoned buildings. Such persons who spend a short time (30 consecutive days or less) in a hospital or other institution will still be considered homeless upon discharge from the facility.

To avoid the trauma and disruption caused by sleeping on the street or in a shelter, persons will also be considered to be homeless if: (1) they are being evicted within the week from dwelling units or are persons being discharged within the week from institutions in which they have been residents for more than 30 consecutive days; and (2) no subsequent residences have been identified; and Persons leaving transitional housing designed for homeless persons are considered homeless and may enter McKinney Act permanent housing programs. They are also eligible for the Federal selection preference to receive PHA administered housing assistance.

## **SunPoint Personal Development Program**

## A. NATURE AND SCOPE OF THE PROGRAM

The Mental Health Center of Madison County (MHCMC), provides profective oversight and residential psychiatric care through the SunPoint Personal Development Program. The target population includes anyone 18 years or older, who meets the admission criteria and whose admittance to the program may prevent institutionalization. Program referrals are not limited to the MHCMC's catchment area, but may include referrals from State Mental Health facilities. Admittance and referrals are based upon clinical staff determination that the client can benefit from placement after hospitalization or to prevent hospitalization.

#### B. PROGRAM GOALS

The purpose of SunPoint Personal Development Program is to provide an alternative to long term and/or inappropriate institutionalization in state mental health facilities. This is accomplished by providing 24 hours a day Protective Oversight and Residential Services to clients with the goal of preparing those who would otherwise be institutionalized, for a full and independent reintegration back into the community.

#### PROGRAM OBJECTIVES

- 1. to prevent re-hospitalization
- 2. to maximize academic education and/or vocational training for clients determined ready and referred
- 3. to maximize successful community placement
- 4. to maintain successful community placement

The program objectives are designed to support the assumption that successful delivery of services is indicated by a resident's ability to function appropriately in community placement for twelve months or longer after transfer from the program.

#### C. ADMISSION CRITERIA

The SunPoint Personal Development Program provides services to 8 clients who are 18 years of age or older and are emotionally/mentally disturbed and cannot be treated appropriately on an outpatient or partial care basis. Those treated must voluntarily accept treatment and must be able to participate in and benefit from services offered by SunPoint Personal Development Program. Specific admission criteria are enumerated below.

The program offers treatment and rehabilitation in a residential setting for persons who:

- 1. are eighteen (18) years of age or older unless otherwise mutually agreed upon
- 2. have and identified psychiatric disorder as defined by the Diagnostic and Statistical Manual (DSM IV) of the American Psychiatric Association
- are free of airborne contagious diseases and have no physical impairments or mental conditions which would preclude active involvement in the treatment program. (To the extent possible, institutional referrals will also be provided necessary dental and visual corrective devices by the institution prior to their placement into the SunPoint Personal Development Program)
- 4. must be willing to sign an admission form unless otherwise mutually agreed upon between the referring institution and the facility.
- 5. have potential for assuming some responsibility for personal care
- 6. have the ability to understand and willingness to abide by the program rules

7. have the ability to evacuate the facility in case of emergency

8. be in need of protective oversight 24 hours a day

- 9. have adequate skills in the use of hot water above 110 degrees Fahrenheit
- need medication supervision that can be provided in accordance with the limitations of the program and in compliance with physician's written orders
- 11. be presently unable to function in a less restrictive environment

Types of individual behavior which qualify for admission include:

- adequate, but poorly developed, self-care skills (unkempt, carelessly groomed, poor hygiene, etc.)
- inadequate knowledge and/or inadequate competency in application of community living skills. (Doesn't know how to use public transportation, can't find way back home unassisted, can't use public telephones, etc.)

 inadequate daily/independent living skills (use of washer and limited cooking, menu planning, and shopping skills)

- 4. poor socialization skills (doesn't initiate or respond to oral communication, exhibits social isolation, withdraws when approached in a social setting)
- 5. poor self-control (inappropriate sexual verbalization) inappropriate verbal aggressiveness; limited ability to focus on given tasks or activities
- 6. poor insight into personal problems/illness
- inadequate problem-solving skill.
- 8. inappropriate attention seeking behaviors
- institutionalized behavior (excessive dependency, sedentary, etc)
- 10. poor interpersonal skill (Begging behavior, and periodic temper tantrum behavior which is non-destructive to the physical environment)
- 11. irrational anger
- 12. depression
- 13. irresponsible behavior (poor money management, exploitative behavior, etc.)
- 14. anxiety

Types of individual behaviors which do not qualify for admission include:

- active alcohol or drug abuse
- 2. active suicidal behavior or threats
- 3. active homicidal behavior or threats
- 4. active self-mutilation
- 5. active assaultive behavior occurring independent of provocation and resulting from the patient's mental illness
- 6. active destructive behavior

NOTE: Numbers 1-6 – Active is defined as any incident of the above activities which has occurred within the past six (6) weeks prior to screening for admission to the SunPoint Personal Development Program.

- 7. Primary physical disorders (serious illnesses that require hospital care)
- severe psychotic behaviors (persistent hallucinatory behavior that is disruptive of the
   <u>client's routine</u> tenaciously held delusions ideas of a persecutory or grandiose type <u>that</u>
   <u>could result in program's disruption or overt destructiveness</u> and confusion and
   disorientation to an extent <u>the individual is unable to be restrained by verbal means</u>)
- individuals requiring restrictive means of control (physical restraint or excessively medicating) for the purpose of restricting the client's activity
- 10. seizures not controlled by medication
- 11. unstable response to psychotropic medication regimen (Patient should be stable on present medication prior to release.)
- 12. have no primary diagnosis of mental retardation
- 13. have no primary diagnosis of alcoholism or drug abuse

 have no history of repetitive combative behavior (exceptions based upon history and/or clinical judgment)

 have no history of murder, rape, arson, or child molestation (exceptions based upon history and/or clinical judgment)

Individuals considered only after special review of the specific case:

1. Jacking minimal self care skills (feeding, bathing, dressing and/or toileting)

2. individuals having history of drug or alcohol abuse

3. pending legal action involving a felony or repeated oriminal offenses.

Any of the items in Sections A, B, or C alone will not constitute adequate justification for acceptance to, or denial of services. When services are denied the applicant is referred to other agencies that might more effectively meet the needs of the applicant.

### D. CLIENTS SERVED

Individuals who are 18 years old and above who meet the admission criteria and have been screened in clinical staffing by the HMCMHC or the SunPoint Program Supervisor in conjunction with the Coordinator of Case Management/Residential Services and have been determined able and willing to participate in and benefit from the SunPoint Personal Development Program will be served. The SunPoint Program Supervisor, the Coordinator of Case Management/Residential Services, and the HMCMHC as appropriate will screen all referrals. All clients are required to pay 75% of any income or resources for the SunPoint Personal Development Program services while a resident.

### E. SERVICES PROVIDED

The SunPoint Personal Development Program provides Protective Oversight, and Residential psychiatric care on a 24-hour per day basis for a period of time appropriate to the individual resident's needs. This includes treatment in the form of supportive, individual resident's needs. This includes treatment in the form of supportive, individual counseling/therapy, group therapy, collateral therapy, chemotherapy and chemomonitoring provided by the HMCMHC medical and clinical staff and participation in educational/training groups. All services are designed to enhance the individual's ability to function as independently as possible. An appropriate approach to therapy is utilized after consideration of what is most beneficial for the individual client or a particular population residing at the SunPoint Personal Development Program. The following educational/training groups are provided as needed:

- Money Management group is utilized to assist clients in learning how to establish a budget as
  well as stay within a budget on a monthly or weekly basis. Other items discussed may include
  banking practices, comparative shopping, necessity spending, and other independent living
  skills as appropriate.
- 2. Exercise group and stress management training are utilized to promote good physical health, relief of tension and stress. Residents may take walks in the neighborhood and/or participate in physical exercise and stress reduction training on site.
- 3. Daily living/independent living skills group training aids clients in learning the practical skills of self-care. Areas discussed include cleanliness of skin, hair, nails, and teeth. Other topics may include the use of non-prescription drugs, maintenance of personal items and domestic equipment and cleanliness of clothing and environment.
- 4. Communication skills and Reality Orientation group aids in learning socialization skills and increasing community orientation. Verbal and non-verbal communication is discussed. Role playing, writing, painting and interpreting is used to promote appropriate communication.

Other topics may include use of the telephone, local transportation systems and use of leisure time.

- Current Events group is designed to stimulate client interest in news on the local and national levels as well as to orient the client to the present. Clients give reports on news items that they have learned through the newspapers, radio and/or magazines.
- Nutrition group assists clients in learning about proper nutrition. Clients are taught the four food groups and are given instructions on the preparation of balanced meals. Clients assist in the preparation of meals.
- Medication and Symptom Management groups are designed to train clients in proper filling of medication planners and the importance of reporting symptoms and side effects to therapists and psychiatrists. Clients also learn to recognize symptoms of relapse.
- 8. Arts and Crafts are used to allow the clients a sense of accomplishment and productivity.
- Individual Goal Review allows the clients to rate his/her progress each week with the assigned staff member.

Besides participation in therapeutically structured educational/training activities, clients are supervised in cleaning and maintaining their living area and in accomplishing assigned daily chores.

Appropriate community resources are used to effectively enhance treatment.

The MHCMC is responsible for supervision, consultation, required staff in-services and screening local referrals. Chemotherapy and chemomonitoring is accomplished by visits with a psychiatric nurse and/or psychiatrist. Medications are provided to those qualifying for the Indigent Drug program. All services offered at the MHCMC are available to SunPoint clients as appropriate and all MHCMC policies and procedures apply to SunPoint clients.

Transportation is provided to make services readily accessible to clients when appropriate.

Should the staff determine that it is best for a client, or for the SunPoint program, that a client be transferred from the program before the designated time frame for treatment has passed, then the case will be reviewed by the Coordinator of Case Management/Residential Services and the Treatment Team. This procedure will also apply if the staff determines that a client should stay in the program for a longer period. Length of Stay (LOS) varies. The program has no time limit and the client is generally allowed to stay as long as the services are meeting his/her needs, there are no extenuating circumstances that would dictate the client's leaving the facility, and the placement continues to be the least restrictive residential setting in which the individual can be served.

The SunPoint Case Manger is responsible for collecting client program fees by the 10<sup>th</sup> of each month. The SunPoint Case Manager is responsible for conducting money management groups, and coordinating discharge planning and community resources for all clients. For clients placed within the MHCMC catchment area, the case manager will conduct a follow up visit and referral to a new case manager for the purpose of assisting them in remaining stabilized in their community placement. Client follow up for those transferred out of the MHCMC catchment area will be conducted by telephone.

The case manager is also responsible for conducting recreational activities, personal shopping trips, and monthly and weekly shopping for SunPoint.

The Residential Workers are responsible for exercise, independent living skills, current events, nutrition, and arts and crafts groups. They are also responsible for morning, lunch, and evening meal preparation supervision, assisting with cleaning bedrooms, washing linens when a client

vacates a room, responsible for cleaning kitchen and appliances, and passing on information and observations made concerning "after hours" client behavior and "after hours" protective oversight of clients.

Students are utilized to assist staff in their duties while receiving preparation for a professional career.

#### F. TERMINATION/TRANSFER

#### Transfer:

When the consumer has progressed sufficiently as determined by the appropriate program staff to warrant a less or more restrictive environment, a recommendation is made for transfer.

#### Termination:

Criteria for successful completions of the program are that the individual has demonstrated:

- 1. being free from debilitation or recurring psychosis for a minimum of six months and adequate skill in managing his/her mental illness
- 2. ability and willingness to continue self-administration of his/her medication in accordance with his/her doctor's prescriptions or orders
- 3. ability to maintain necessary interpersonal relations with significant others in his/her environment (e.g., doctors, therapist, employer, family, friends)
- ability to care for possessions and to acquire necessities (e.g., food, shelter, clothing, medication)
- 5. ability to cook simple meals, maintain good personal hygiene, laundry, and attend to other basic needs in living independently
- 6. ability to budget resources effectively

Discharge from the program can result if the individual exhibits

- 1. severe assaultive or destructive behavior
- 2. sexually inappropriate behaviors that are illegal and/or dangerous
- 3. impaired judgment that results in putting others or him/herself at risk of serious physical/psychological harm
- 4. repeated disruptive or noncompliance behavior to the extent that the operation of the program is impeded and the rights of the other residents are transgressed

#### G. MEDICAL CARE

The SunPoint Personal Development Program staff will assist clients in obtaining medical care through family physician or other agencies.

## H. FACILITIES USED

The SunPoint Personal Development Program is authorized to service eight (8) beds under its confract. SunPoint Personal Development Program is located at 3818 Triana Blvd. Apartments 203E, F, G, and H Huntsville, Alabama. SunPoint Personal Development Program must meet standards for certification by the Department of Mental Health and the City of Huntsville.

## 1. STAFF POSITIONS AND MINIMUM REQUIREMENTS FOR EACH POSITION

 Program Supervisor-Bachelor's Degree in a Behavioral Science Field with 2 years experience in a mental health setting. Works 8:00 a.m. to 5:30 p.m. Monday-Thursday and 8:00 a.m. to 12:00 noon on Fridays, with 24-hour access to staff and clients by telephone after the normal workday.

- Case Manager-Bachelor's Degree in a Behavioral Science Field with 1-year experience in a mental health setting. Works 8:00 a.m. to 5:30 p.m. Monday –Thursday and 8:00 a.m. to 12:00 noon on Fridays.
- 3. Residential Worker-High School Diploma. Works 7:00 a.m. to 3:00 p.m. Monday-Friday.
- 4. Residential Worker-High School Diploma. Works 3:00 p.m. to 11:00 p.m. Monday-Friday.
- 5. Residential Worker-High School Diploma. Works 11:00 p.m. to 7:00 a.m. Monday-Friday.
- Residential Worker-High School Diploma. Works 7:00 a.m. to 3:00 p.m. Saturday and Stunday.
- Residential Worker-High School Diploma. Works 3:00 p.m. to 11:00 p.m. Saturday and Sunday.
- 8. Residential Worker-High School Diploma. Works 11:00 p.m. to 7:00 a.m. Saturday and Sunday.

The Program Supervisor supervises all positions and is supervised by the Coordinator of Case Management and Residential Services who is available for consultations. The Clinical Director is also available for consultations as appropriate. All staff must maintain currency in Red Cross Certified First Aid and Adult CPR. In addition, all staff who transport must possess a valid Alabama Drivers License and have a driving record that is acceptable to the MHCMC's Insurance Carrier. All staff subject to operating within the HMCMHC Procedures and Policies.

## J. UTILZATION REVIEW

The expected length of stay (ELOS) in SunPoint is 12 months. However, it is recognized that each resident has differing needs and may need a longer or shorter stay in residential placement. The following procedure is used to analyze any significant difference between expected length of stay and the actual length of stay:

- At the time of admission each client will be given an individualized ELOS based upon the resident's presented needs.
- 2. Deficit areas and clinical criteria to include means and time-lines for the resident to achieve specified clinical outcomes are addressed on the initial treatment plan.
- 3. Each resident's clinical record is documented to show the progress, or lack of progress at least every two weeks.

In situations in which it is determined that a resident requires additional treatment beyond the initial ELOS, the clinical justification is documented. Situations which would warrant extending the resident's ELOS would include:

- 1. Manifests symptoms and behaviors that previously led to hospitalization and/or has developed new symptoms that interfere with the ability to cope with daily situations.
- 2. Needs further regulation of medication under close supervision.
- 3. Have problems with drug interaction or other complication of medication.
- Is unable to manage medication and/or is non-compliant with prescribed medication.
- Has inadequate basic living skills required for effective functioning in a less restrictive setting.
- Exhibits social behaviors and/or impaired social skills that interfere with the resident's ability to function in a less restrictive setting.
- Has such impaired level of functioning that he/she is unable to reside in a less restrictive setting. (Specific impairments in functioning are identified and documented in the clinical record).
- 8. Discharge plans must be delayed due to lack of appropriate resources in the community and it is apparent that discharge under such circumstances would lead to relapse/re-hospitalization. (Specific needed resources are identified and documented).

## DATA ANALYSIS

In order to monitor ELOS Vs actual LOS, data is collected for each resident and maintained on the Utilization Review/Length of Stay Analysis form. The SunPoint supervisor reviews data on a periodic basis to identify trends and/or changes in length of stay. Any significant differences between actual and expected length of stay are analyzed.

In addition, the SunPoint supervisor maintains occupancy data for the unit. Occupancy data is documented on the Utilization review/Occupancy Rate form. Occupancy data includes information on the number of days occupied, the number of days vacated, and information regarding reasons for delay in filling vacant beds. The evaluation of this data is on going with the purpose of maximizing bed occupancy.

# Child and Adolescent Services Division (CAS)

The Child and Adolescent Services Division provides comprehensive behavioral health services to children and adolescents from birth through 18 years of age. Exceptions are sometimes made for consumers over 18 years of age who are still residing at home and maintain a "minor" role within the family system. Services are designed to meet the needs of young consumers at different levels of severity, in a variety of settings and in the least restrictive environment. All services are provided with a family focus and multidisciplinary approach, incorporating the input from parents, guardians, extended family medical providers, teachers, guidance counselors, special education personnel, the Department of Human Resources, the Department of Youth Services, the Juvenile Court, Substance Abuse treatment programs, inpatient hospital facilities, residential treatment facilities, the Madison County Multidisciplinary Team, and other collaterals as needed. Services include:

Outpatient Services
Family Integrity Network Demonstration (FIND)
Case Management

Services are provided to child and adolescent residents of Madison County who meet admission criteria without regard to race, creed, disability, national origin, gender, social status, or length of residence in the service area. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

It is the goal of CAS that each child and adolescent consumer will return to his/her highest level of functioning in all domains of life: family, social, community, school, and work.

# **Outpatient Services**

#### A. ADMISSION/READMISSION

Admission Criteria is utilized through a two-step process. All persons seeking services are initially screened by the Client Registration Department to insure appropriate registration completion and to determine presumptive clinical need for services followed by a Psychosocial Assessment conducted by the mental health therapist.

1. The initial screening seeks to determine that the consumer meets registration and presumptive clinical criteria:

✓ is between birth and 18 years of age.

- ✓ is dependent upon and residing with parents/guardians in a "minor" role if over the
  age of 18
- has provided all required admissions information including demographic information, insurance or financial information, proof of residence in Madison County, signed consent for treatment (by parent/guardian if under age 14)
- ✓ has a parent or legal guardian who is willing to participate in treatment with children under age 14

✓ is a resident of Madison County

✓ is experiencing a significant functional impairment resulting from symptoms of a probable emotional disturbance.

Once the applicant is fully registered and determined initially eligible and appropriate for services, assignment is made to a therapist. The therapist conducts an intake (Psychosocial Assessment) after which the client is scheduled for future sessions.

- 2. The Psychosocial Assessment seeks to determine that the consumer meets clinical criteria:
  - has a primary DSM-IV-TR Axis I diagnosis (primary diagnosis of V Code, Substance Abuse or Mental Retardation does not meet criteria)
  - is experiencing a functional impairment resulting from the primary DSM-IV-TR diagnosis as defined below. Symptoms of either of the following automatically meet criteria for functional impairment:
    - · features associated with psychotic disorders
    - suicidal or homicidal gesture or ideation.

Functional impairment is defined as a behavior condition that substantially interferes with or limits a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent or continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

The consumer's functional impairment must have a one-year duration or a high risk of at least a one-year duration, with substantial impairment in two of the following areas of functioning (corresponding to expected developmental level):

- autonomous functioning (performance age-appropriate activities of daily living such as personal hygiene, grooming, mobility)
- functioning in the community (relationships with neighbors, involvement in recreational activities)
- functioning in the family or family environment (relationships with parents/surrogates, siblings, relatives)
- functioning in school/work (relationships with peer/teachers).

Anyone who has been an active client in the Child and Adolescent Services Division and has been terminated from services may be evaluated for readmission upon request.

A screening interview is again conducted by the Client Registration staff and the consumer's case is opened for services based upon a determination of need using the above criteria.

#### B. NATURE AND SCOPE OF PROGRAM

A diversity of clinical approaches and services are offered in response to the variety of parent-child problems assessed at intake. Services provided include: psychosocial and psychodiagnostic evaluations for both children and adults; outpatient therapy, school-based therapy (in selected schools), DHR-based therapy, referral services for more specialized investigations (neurological, physical, etc.), parent skills training, linkage to the juvenile court system through the Juvenile Court Liaison, psychological testing, and community consultation. The therapeutic interventions employed include: individual, group and family therapy utilizing a variety of clinical strategies (cognitive behavior therapy, behavior modification, reality therapy, rational behavior therapy, transactional analysis, play therapy, relexation therapy, mediation, role play, desensitization, art therapy, enhancement of communication skills, and others).

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Consumers' cases are terminated from CAS for any one of the following reasons:

- ✓ there is mutual agreement between the therapist and consumer that goals have been met
- ✓ the consumer moves out of Madison county.
- the consumer has not kept three or more appointments and all consumer contact information is invalid
- the consumer has failed to show for three or more appointments and has not responded to outreach efforts or a 10-day letter notifying them of intent to terminate
- the consumer has had no contact with the Center for the past 90 days.

Under special circumstances, the clinician may initiate the termination of services for an active consumer. Such circumstances include situations where consumers misuse Mental Health Center resources by repeatedly failing to keep scheduled appointments, situations where the behavior of the consumer detracts from the treatment of other consumers, and circumstances where the behavior of the consumer endangers Center staff or other Center consumers.

## Termination Procedure:

The therapist is to discuss with the Division Director any case considered for termination under conditions discussed above. If the consumer is on medication prescribed by the Center, the Staff Psychiatrist is to be consulted. If there is disagreement between the therapist and Division Director regarding the decision to terminate, the Clinical Director or, in his/her absence, the Executive Director will make the decision. The therapist may choose an alternative to termination by suspending therapy until a specific date or a condition(s) is met by the consumer.

It is essential that a thorough assessment of the consumer's situation be made prior to termination of a high-risk consumer (suicide, abusive to others, potentially in need of hospitalization, or potentially involved in litigation of concern to the Center). With high-risk consumers, the therapist must document in a progress note or on the termination summary any recommendations resulting from discussions with the Division Director and/or Clinical Director and/or Staff Psychiatrist. The Division Director will review and co-sign the therapist's documentation or termination summary. If the decision is to terminate, the high-risk consumer will be informed that emergency services are available for emergencies or referrals only and the therapist will include this on the termination summary.

The therapist completes an electronic discharge form, which is automatically forwarded to the Division Director for electronic review and approval.

## Transfer Criteria:

Consumers may be transferred from or to Child and Adolescent Services Division when their needs require a more specialized service (e.g., adult services such as Day Treatment or Partial Hospitalization, acute hospitalization, etc.). A determination is made by the clinical staff in consultation with the Division Director(s). Consumers may also be transferred within the service division when a change of therapist is in their best interest.

#### Transfer Procedure:

The therapist discusses the case with the Division Director and with the receiving therapist or service provider if the transfer is approved. The responsible referring clinician completes a Client Information Update form to process the transfer.

## D. SERVICE AREA FOR THE PROGRAM

The Child and Adolescent Outpatient Services Includes children and adolescents (and their families) who are residents of Madison County, birth through age 18 and who are in need of crisis intervention, individual, family and/or group counseling, diagnostic services, and referral to other community services. Also included are schools, courts, the Department of Human Resources, Department of Youth Services and other child-serving agencies that may benefit from consultation and education services. All children 14 years of age and over are granted the right to treatment without parental consent by Alabama statute.

Services may be provided to any child or adolescent residing in Madison County without regard to the person's race, creed, disabling condition, national origin, sex, social status, diagnostic category, or length of residence in the service area, Further, services will be provided regardless or the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

# Family Integrity Network Demonstration (FIND)

## A. ADMISSION/READMISSION

Guidelines used to determine the eligibility of a child for the FIND program are:

- ✓ the child must be between the age of 5 and 17 years.
- ✓ the child must be in imminent danger of out-of-home placement
- the child must have problems functioning within the family and community which qualify him/her as having a serious emotional disturbance (SED) according to the State guidelines for SED
- √ IQ must be 70 or higher
- ✓ the child must have a relative or someone willing to work with him/her to avert placement.

## B. NATURE AND SCOPE OF PROGRAM

The FIND program offers an alternative service to out of home placement. It is an intensive, short-term (12 to 16 weeks), in-home crisis intervention therapeutic approach to working with children ages 5 years to 17 years of age and their families. FIND case management services are available as a follow-up to in-home intervention and are also offered to all children released from State funded facilities. Case management ensures continuity of identified services and linkage to other community agencies and resources.

One FIND team is funded through a contract with the State Department of Mental Health and Mental Retardation and the State Department of Human Resources. Two additional FIND teams are funded through a contract with Madison County Department of Human Resources.

#### C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

The FIND program is designed to be a short-term, intensive intervention of twelve weeks duration. An additional four weeks extension is available if warranted. During the tenth week, the case manager will be introduced to the family to begin to establish rapport while the intervention team will begin the clinical termination process. Case management services will be continued as long as required if the family continues to meet criteria for the services.

Under special circumstances, the FIND intervention team may find it necessary to suspend services to a family due to a lack of participation and/or cooperation. The In-Home Therapist will discuss with the FIND Program Manager and the Division Director any case considered for termination under conditions discussed above. Other referrals or treatment alternatives may be considered at that time.

#### Transfer:

Consumers may be transferred from or to the FIND program when their needs require a more specialized service (e.g. hospitalization, emergency shelter, etc.). A determination is made by the FIND In-Home Therapist in consultation with the FIND Program Manager. The Program Manager discusses the case with the Division Director and with the receiving service, if the transfer is approved.

#### D. SERVICE AREA OF PROGRAM

The FIND Program serves SED children between the ages of 5 and 17 residing in Madison County who are at imminent risk to be placed outside their homes into foster care, group homes, or treatment/correctional institutions. The child must have a functioning IQ of 70 or above.

# **Child and Adolescent Case Management Services**

## A. ADMISSION/READMISSION

Child and Adolescent Case Management serves children and adolescents in Madison County who meet the following admission criteria:

- ✓ the child must be between the age of 5 and 17 years.
- the child must have problems functioning within the family and community which qualify him/her as having a Serious Emotional Disturbance (SED) as defined by DMH/MR
- ✓ the child must have specific needs necessitating case management services (advocacy, linkage, referral, and access to community services)

Consumers are assigned to this service through referrals from any and all community agencies, other Mental Health Center divisions, any individual in the community or self-referrals.

## B. NATURE AND SCOPE OF PROGRAM

The case management program provides services to the SED population as defined by DMH/MR. The nature of this program is to fill the gap in the continuum between existing centralized Mental Health Center services that require consumer initiative to receive. This program is an outreach and mobile program that coordinates the full range of social, personal, financial, medical, psychiatric, and transportation services.

The following services are delivered within this program:

- ✓ a systematic determination of the specific human service needs of each consumer
- ✓ the development of a systematic consumer coordinated written plan that is developed
  within the month following the month of intake (unless services terminate earlier) and lists
  the actions necessary to meet the needs of each consumer
- assisting the consumer through crisis situations and/or arranging for the provision of such assistance by other professional/personal caregivers
- ✓ the direct delivery, or the arrangement for, transportation to needed services if the
  consumer has no transportation.
- establishing links between the consumer and service providers or other community resources
- advocating for and developing access to needed services on the consumer's behalf when the consumer himself is unable to do so alone
- monitoring the consumer's access to, linkage with, and usage of necessary community supports as specified in the case plan
- systematic reevaluation at 6 months after intake and intervals of 12 months thereafter, of the consumer's human service needs and the consumer's progress toward planned goals so that the established plans can be continued or revised.

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

## Termination:

A consumer is terminated from the case management program when he/she moves out of the service area, no longer requires case management services as determined by the needs assessment, chooses to decline services, or is deceased.

#### Transfer:

Although the consumers continue to be served by the case management program, they may be assigned a primary therapist at the Mental Health Center who is responsible for meeting therapeutic needs. Consumers may be transferred to another case manager or to a more intense level of care based on changes in the consumer's service needs and their appropriateness for that particular level of service (e.g. transfer to adult case management, FIND, etc.).

## D. SERVICE AREA OF PROGRAM

Child and Adolescent Case Management Services are provided to child and adolescent residents of Madison County who meet admission criteria without regard to race, creed, disability, national origin, gender, social status, or length of residence in the service area. Further, services will be provided regardless of the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

Child and Adolescent Case Management provides outreach and mobile services that coordinate the full range of social, personal, financial, medical, psychiatric, and transportation needs of the identified population.

# **Medical Support Services**

#### A. ADMISSION/READMISSION

Medical Support Services (MSS) do not stand alone as a single service but rather augment existing treatment provided by the therapist for those consumers who are in need of medical assessment and ongoing medication monitoring. To receive Medical Support Services, the consumer must:

- be an active consumer of the Child and Adolescent Services Division having met appropriate admission criteria
- ✓ have a completed Psychosocial Assessment conducted by a Child and Adolescent
  Therapist with recommendation for psychiatric assessment
- ✓ have Division Director (or other managerial designee) approval for crisis medical intervention when a Psychosocial Assessment has not been completed

#### B. NATURE AND SCOPE OF PROGRAM

Medical Support Services are designed to provide psychlatry and nursing services that support the treatment plans developed through Center-based outpatient therapy services. Consumer referred by private practitioners for "psychiatric medications only" will not be accepted.

All active consumers of this division who are receiving medical support services must have a psychiatric assessment at least every six months. The psychiatrists are available for emergency face-to-face evaluations of consumers referred by nurses, therapists, or other primary care staff members. Nurses evaluate consumers on a scheduled or crisis basis. After consultation with the psychiatrist, who may require face-to-face evaluation of the consumer, medication may be prescribed. Medications can also be prescribed for consumers on an emergency basis. When a consumer is started on medication, initial medication monitoring is required within 14-21 days after the chemotherapy begins. Frequency of subsequent medication checks depend on consumer's symptoms, response to medications and based on the recommendation of the psychiatrist. These measures are essential to evaluate symptoms, medication effects and/or side effects. Consumers are scheduled for psychiatric evaluations at the earliest available appointment.

The medical support services team provide input at weekly Coordination of Care meetings. Medical Support Services supports treatment programs of all active consumers and are available for consultation to the staff of Decatur General West Hospital and other child and adolescent psychiatric facilities providing input essential for consumers' continuity of care. A psychiatrist is available after hours on an on-call basis for consult with Mental Health Center emergency call workers. Psychiatrists provide in-service training for Mental Health Center staff.

## C. TERMINATION/TRANSFER CRITERIA AND PROCEDURE

Termination Criteria:

A consumer's case is closed to Medical Services when he/she:

- moves out of Madison County
- ✓ is dismissed due to failure to keep appointments or respond to outreach efforts
- ✓ requests termination
- ✓ refuses or discontinues therapy treatment OR
- ✓ is deceased.

Termination Procedure:

The primary therapist is responsible for completing all clinical documentation relative to the termination of the consumer's case closure.

## Transfer Criteria:

Consumers may be transferred to the Adult Medical Services as indicated by consumer's age and special needs. Consumers may be transferred to a non-center psychiatrist or family physician for medical follow up based on the stability of Consumer's response to medications and Consumer/family choice.

## Transfer Procedure:

When a decision for transfer has been made, a member of the Consumer's Child/Adolescent Services team will contact the new medical provider to offer appropriate referral information. If the transfer is within the Mental Health Center to Adult Services, a Client Information Update form is completed by the therapist and approved by the Adult Division Director.

## D. SERVICE AREA FOR PROGRAM:

Medical Support Services may be provided to any child or adolescent who are currently active in therapy at the Mental Health Center and residing in Madison County, without regard to the person's race, creed, disabling condition, national origin, sex, social status, diagnostic category, or length of residence in the service area. Further, services will be provided regardless or the consumer's ability to pay to the extent that the financial stability of the program is not jeopardized.

# Client Registration and Crisis Services

## A. ADMISSION/READMISSION

The service acts as the entry point for most consumers of the Center. The procedure for admitting consumers is as follows:

#### Phone Calls

The prospective client calls the Center. The call is forwarded to Client Registration. The Registration staff asks the caller if the services they are seeking are for an adult or a child. If the prospective client is an adult the procedure is as follows: he/she is told that all adult registration is done on a walk in basis on Monday, Tuesday and Thursday from 9-11 a.m. and 1-3 p.m. The caller is advised that he/she must reside in the Huntsville/Madison County area in order to access our services. The caller is also advised to bring in the appropriate financial information such as proof of income or insurance cards etc. in order to complete the registration process. If the caller seems to be in distress/orisis, he/she is transferred to one of the crisis therapists for immediate assessment.

If the prospective client is a child/adolescent, the parent/guardian is given an appointment to come in and complete the registration paperwork (see Child/Adolescent Registration Appointments below). The parent/guardian is encouraged to bring the child/adolescent with them to this appointment if the child/adolescent is in distress/crisis. At this time, the parent/guardian is transferred to one of the crisis therapists for immediate assessment. If no crisis is indicated, the parent/guardian may come without the child.

#### Walk-in Registration for Adults

When the prospective consumer presents to Client Registration, they are asked to sign in and are given a screening questionnaire. At this time, the Registration staff collects necessary paper work (see above) and completes the registration process including appointments with a primary therapist and psychiatrist. The screening questionnaire is reviewed at this time, as well. If crisis issues are indicated, or the client request to be seen by a crisis therapist, or the client is a hospital discharge, the client is seen by a therapist.

## Child/Adolescent Registration Appointments

Once the paperwork is completed the parent/guardian is given an appointment with a therapist and a Doctor. During this process if the parent/guardian has indicated crisis concerns and they have brought the child/adolescent, the client is then seen by a crisis therapist. Otherwise, the parent/guardian is given a Crisis Evaluation appointment to bring the child/adolescent in to be screen by a crisis therapist. If the child/adolescent is all ready present, the child/adolescent is screened at this time by a crisis therapist.

## B. NATURE AND SCOPE OF PROGRAM

Client Registration/Crisis Services is an entity of is own. The function of this division is to provide both comprehensive mental health screenings and crisis intervention for the center both during and after normal working hours.

The Registration and Crisis Services includes a wide range of functions such as admission screening, crisis intervention, consultation and/or referrals to other services for individuals seeking assistance. Duties of staff in this department are categorized by clinical, consultation, administration and education.

## Clinical Duties:

- Crisis rule out and/or crisis evaluation/intervention for those persons who indicate that they
  are in crisis (via telephone or person to person) and/or those referred to this service by
  their primary therapist for a crisis episode that they are unable to manage.
- Present critical cases to Coordination of Care Committee and/or to an available psychiatrist.
- 3. Coordinate with clinical staff as related to client need for expedited appointments, medication concerns and/or specialized assignments.
- 4. Prehospital screening and referral for admission as indicated by the client and/or the crisis therapist.

## Consultation Duties:

- Consult with clinicians, family, collateral and/or petitioner in matters related to MI petitions for commitment.
- 2. Consult with local hospital staff to facilitate client admission/discharge.
- 3. Consult with City and County jail medical staff for client management.
- 4. Consults with other community agencies as needed.

#### Administrative Duties:

- Maintain high qualify documentation for all admissions and/or crisis interventions.
- Coordination appropriate disposition of cases with Clinical Director, Program Directors and Crisis Call Workers.
- 3. Develop and maintain a comprehensive network of community referrals.

## C. SERVICE AREA FOR PROGRAM

The Mental Health Center of Madison County serves only consumers who live in or attend school in Madison County. (see attached policy)

## **Patient Assistance Program**

## A. ADMISSION/READMISSION

Admission into the Patient Assistance Program is solely based upon the financial eligibility criteria of the individual pharmaceutical company. Clients may fill out the appropriate paperwork when they are unable to receive or purchase their medications from another program or entity, and have an up-to-date center proof of income worksheet in file.

## B. NATURE AND SCOPE OF PROGRAM

The Patient Assistance Programs are offered by pharmaceutical manufacturers to help uninsured or low-income clients afford their medications. Without these programs, patients who would not otherwise qualify for free or low-cost medications through programs such as Medicaid, would go without treatments for their illnesses.

## C. TERMINATION CRITERIA

Consumers are terminated from the program when they have the means to purchase or receive their medications from another program or entity, or when their case is closed.

## D. SERVICE AREA FOR PROGRAM

The Mental Health Center's Patient Assistance Program serves Huntsville and Madison County residents who are clients of the Mental Health Center without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the service area.

# **Community Education Services**

#### A. NATURE AND SCOPE OF PROGRAM

The purpose of the Community Education Service Program is to communicate effectively the Center's mission, plan, and progress to its consumers, the general public, community agencies, and the media. It also seeks to prevent the development of major life adjustment problems, minimize the severity of existing adjustment problems, and link all of the citizens of Huntsville and Madison County with the service delivery system of the Mental Health Center when needed.

The program includes, but is not limited to:

Public Information: Information regarding Mental Health Center programs is disseminated to the general public.

Public Relations: Programs and materials are developed to enhance the Center's image and position it as the first choice for mental health services for Madison County residents.

Consultation Services: Program consultations are provided to requesting consultee agencies to assist in the development of effective and efficient human service programs.

Agency Liaison Services: Communication networks are established between the Mental Health Center and the community in order to provide effective and efficient collaborative efforts in the delivery of services. Programs are conducted for consultee agencies to assist caregivers in improving their capacities to the fullest on behalf of the people they serve.

Educational Services: Broad-based community education programs are conducted to increase public awareness of mental health issues and problems, as well as methods and procedures for entry into the mental health service delivery system.

## **PUBLIC INFORMATION PROCEDURES**

## Radio:

All contacts with local radio stations will be coordinated with the Community Education office. If a local radio station makes contact with an employee of the MHC for response on any matter pertaining to the MHC or in which comment as a representative professional from the Center is requested, a brief clarification of the nature of the request will be obtained and the call routed to the CE office. The Coordinator of CE will be notified before an interview is given. A representative of the CE office shall be present for all in-house interviews unless prior approval has been obtained from the Executive Director or his/her designee.

In the event an employee desires radio coverage, the request will be forwarded to the CE office.

Public Service Announcements (PSA) will be mailed or faxed to the area radio stations by the CE office. Information for PSA's will be forwarded to the CE office at least three weeks prior to desired announcement date.

#### Television:

All contacts with area television stations will be coordinated with the CE office. If a local station makes contact with any employee of the MHC for response on any matter pertaining to the MHC or in which comment as a representative professional from the Center is requested, a brief clarification of the nature of the request will be obtained and the call routed to the CE office. The

Coordinator of CE will be notified before an interview is given. A representative of the CE office shall be present for all in-house interviews unless prior approval has been obtained from the Executive Director.

In the event a staff member desires television coverage, the request for coverage will be forwarded to the CE office. The CE office will handle arrangements for all interviews.

Public service announcements will be mailed/faxed or hand carried to area television stations by the CE office personnel. Information for PSA's will be forwarded to the CE staff at least two weeks prior to desired airdate.

## Newspaper Coverage:

All contacts with area newspapers will be coordinated with the CE office. If a local paper makes contact with any employee of the MHC for response on any matter pertaining to the MHC or in which comment as a representative professional from the Center is requested, a brief clarification of the nature of the request will be obtained and the call routed to the CE office. The Coordinator of CE will be notified before an interview is given. A representative of the C&E office shall be present for all in-house interviews unless prior approval has been obtained from the Executive Director.

All releases and requests for coverage of special events and/or programs will be forwarded to the CE office.

Paid ads will be placed through the CE office. Information should be furnished at least three days in advance of publication.

## Center Publications:

## Center Newsletter:

The Mental Health Center's internal newsletter, Centerline, is designed to inform Board Members and staff about upcoming events taking place within the Center, changes in Center programs and services, and activities which have occurred during the months. The newsletter is distributed on a bi-monthly basis — February, April, June, August, October, and December. Staff may submit article ideas and letters to the editor by contacting the CE office.

#### Center Annual Report:

The Coordinator of CE will be responsible for layout, design and printing of the Mental Health Center Annual Report. Financial and statistical information for the Annual Report will be provided by the Business Manager at least six weeks in advance of the Annual meeting date. Other responsibilities concerning the Annual Meeting will be assigned to staff by the Executive Director.

#### Center Services Brochure

The CE Office will publish and distribute a brochure describing all center services.

## Other Publications:

Information for other Center publications should be routed to the CE office for layout, design and printing.

#### Speaking Engagements:

All requests for speakers will be directed to the Coordinator of CE. A form will be filled out by the CE office and appropriate staff requested to fill the engagement. After the engagement has been completed staff should complete the CE form so number in attendance can be recorded. Refer to Personnel Policies Handbook concerning honoraria for such engagements.

If an employee makes arrangements for a speaking engagement and it is not possible to route through the CE office; call CE and give details so that appropriate records can be filled out on the engagement.

## TRAINING PROCEDURES

Board/Advisory Committee Orientation: All Mental Health Center Board and Advisory Committee members will receive an orientation to include, but not limited to, the following:

- 1. The law under which the Board is incorporated.
- 2. Act 881 of the 1965 Alabama Legislative Regular Session.
- Board responsibilities.
- 4. Center programs and continuum of care issues.
- Relationship of the Board to the community and other agencies.
- 6. Department of Mental Health and Mental Retardation Standards.
- Introductory material about mental illness and long-term needs of the most severely disabled consumers.

Community Training:

Requests for staff to conduct community training such as the Police Department, Sheriff's Department, HELPLine, professional associations, and civic groups will be routed through the CE office. The CE office will be responsible for documentation of such training.

## B. SERVICE AREA FOR PROGRAM

This program is open to all citizens of Madison County without regard to the person's age, race, creed, handicapping condition, national origin, sex, social status, diagnostic category, or length of residence in the service area.

## **New Horizons Recovery Center**

NHRC offers comprehensive outpatient treatment programs for substance abusers and their families. This program combines the intensity and comprehensiveness of residential treatment with the cost effectiveness and minimal intrusiveness of outpatient treatment to provide a milieu of recovery in the substance abuser's natural environment. The Intensive Outpatient Program includes intensive individual, family and group therapy. Groups meet three times a week and individual and family therapy is offered on a weekly basis. After completion of the twelve-week program, an ongoing continuing care group for the client meets every week.

NHRC also offers Moral Reconation Therapy groups. The "moral" aspect of MRT is based upon the moral development structure outlined by Lawrence Kohlberg. The term "reconation" is based upon the archaic word "conation", a word used by early psychologists to describe a pattern of inclinations. Conation was replaced by the term "ego". MRT is an attempt to have clients reevaluate the moral decisions in their lives and replace counterproductive processes with productive ones.

## A. ADMISSION/READMISSION

A specific criterion for admission to any mode of treatment is based on the nature and severity of the problem and extenuating medical, psychological, social, and motivational criteria. A suitable treatment alternative is offered to each consumer seeking treatment, but no treatment plan is compromised by offering a plan that minimizes recovery potential.

#### B. NATURE AND SCOPE OF PROGRAM

NHRC views chemical abuse and dependency as a pervasive problem, affecting all aspects of a person's life. It affects the medical, social, psychological and spiritual well being of the individual and their environment. The treatment programs seek to confront each of the issues in the lives of the abuser and surrounding environment. NHRC is committed to a policy of providing the lease restrictive appropriate treatment available.

NHRC uses group as a primary treatment modality, while offering individual and family therapy. The program also recognizes the importance of self-help groups in recovery, such as Alcoholics Anonymous, ALANON, Narcotics Anonymous, Adult Children of Alcoholics, and ALATEEN. Therefore, the program will encourage clients to seek out self-help groups.

The program is built on a treatment team concept involving a multi-dimensional team of treatment expertise. Each individual in treatment is assigned a primary therapist to supervise their treatment but will have the benefit of group sessions with each team member to maximize the expertise that goes into treatment and recovery. The team will evaluate and manage progression through treatment.

The program maintains individual and program integrity through the use of random Breathalyzer and drug screens. Screening procedures are instituted to safeguard the dignity of the individual in the screening process while protecting the integrity of the screen and the confidentiality of the consumer.

The Intensive Outpatient Program is a structured twelve-week program using group therapy as the primary treatment modality. The groups cover a syllabus of issues and topics and address specific issues relating to sobriety and recovery. They use a combination of didactic presentations and process interaction. The groups meet three times per week for twelve weeks. Individual or family

sessions are available as needed. After graduating from the IOP, clients are eligible to attend the weekly Continuing Care Program. The IOP is an ASAM PPC-2R Level 2.1 treatment program.

The Moral Reconation Therapy Program is a structured, evidence based, performance driven and goal-oriented program. MRT groups meet two times a week and individual or family sessions are available as needed. Upon completion of the MRT program, clients are eligible for Continuing Care. MRT is an ASAM PPC-2R Level 1.0 treatment program

Any individual seeking help for alcohol or drug-related problems is assess by a program therapist to determine the level of treatment indicated to impact the problem. Assessment follows the guidelines established by Standards of the DMH/MR Substance Abuse Division and placement in treatment or referral to more intensive treatment as based on specific program criteria, including physical, psychological, social and motivational issues. If a person is placed in the IOP or MRT program, they is expected to sign appropriate program commitments and contracts agreeing to abide by program guidelines and requirements.

## C. DISCHARGE/TRANSFER CRITERIA AND PROCEDURE

The consumer always has the right to refuse or terminate services and accept the responsibility for that discharge. The consumer can terminate by conference with their therapist or by failure to follow-up on the treatment plan.

The staff can terminate services with appropriate discharge status and necessary follow-up recommendations. Consumers who fail to maintain minimum treatment expectations may be terminated and referred to more intensive treatment modes. Consumers who fail to follow-up on treatment plans may be discharged according to program standards.

Follow-up Data: NHRC does follow-up studies with a random sample of persons seeking treatment. That sample covers all degrees of consumer participation in the program and measures issues relating to sobriety and functional lifestyle.

### D. SERVICE AREA FOR PROGRAM

The IOP and MRT programs are open to all citizens of Madison County without regard to the person's race, creed, handicapping condition, national origin, sex, social status, diagnostic category, or length of residence in the service area.

## **Pharmacy/Indigent Drug Program**

#### **OBJECTIVE**

The Indigent Drug Program at the Mental Health Center shall serve as the Center's dispensing agency for seriously mentally ill, indigent client. Pharmacy services will focus on improved patient care through the promotion of optimal drug therapy.

## TARGET POPULATION

This program provides psychotropic medications for non-hospitalized, indigent, mentally ill clients who are active clients of the Center (seen at least every 90 days by their therapist) and who are under the care of licensed physicians on the staff of the Center. Each client must have a psychiatric diagnosis established before any prescription may be refilled and must be seen at least every six months by their physicians for evaluation of their progress. Priority of service will be given to individuals with histories of treatment at state institutions and to those who appear to have a high potential for commitment at a state institution if treatment were not available.

IDP services are available to all citizens of Madison County without regard to the person's age, race, creed, disabling condition, national origin, sex, social status, or length of residence in the services area, except as provided in the admission criteria.

#### NATURE AND SCOPE OF PROGRAM

The Indigent Drug Program is designed to provide medication for those eligible clients of the Center who would otherwise be unable to afford their medications.

Medications are furnished by the Alabama Department of Mental Health and Mental Retardation for use in the program. These medications must be dispensed exclusively within the confines of the Center. No medications will be furnished to a patient unless a written prescription is available. These prescriptions will be filed by number in a separate file, which will be kept in the pharmacy.

The Indigent Drug Program is located in the Medical Support Services Division. State approved psychotherapeutic medication is dispensed by a registered pharmacist. Hours of operation of the pharmacy are Tuesday and Thursday, 10:00 a.m. until 12:00 noon and 1:30 p.m. to 4:30 p.m. There is a \$5.00 charge for each prescription. If a client does not pick up medication for three consecutive months, he/she will automatically be deleted from the program. However, prior to his/her being deleted, the primary therapist will be notified.

The Indigent Drug Program at the Mental Health Center shall serve as the Center's dispensing agency for seriously mentally ill, indigent olients. Pharmacy services will focus on improved patient care through the promotion of optimal drug therapy.

#### **STAFFING**

- 1 Licensed Supervising Pharmacist (part-time 25-30 hours per week)
- 1 Licensed Contract Pharmacist (16 hours per week)
- 1 Pharmacy Clerk (part-time)
- 1 Supervising Board Certified Licensed Physician

#### ADMISSION/READMISSION

Criteria: The IDP applicant must be an active client of the Center with an assigned Center therapist. The maximum income authorized as the determining criterion for eligibility shall be

\$7,500 for client, providing that the total household income does not exceed \$11,000. All non-Medicaid eligible clients of the IDP will be screened to determine the probability that the client might be eligible for Medicaid. Referrals are made for those who might qualify. Clients who are already eligible for Medicaid will not be furnished those medications, which are available through the Medicaid program.

## REFERRAL PROCEDUCRES

Denial of Admission/Readmission:

Clients are referred back to their primary therapist for other resources. Involuntary Dismissal:

Clients are referred back to their primary therapist for other resources. Referral to Another Agency:

Clients are referred back to their primary therapist for other resources.

## TRANSER

Not applicable.

## **TERMINATION**

Criteria: A client's case is terminated in the IDP when: he/she is terminated as a client of the Center or does not return for medication pick-up for more than 90 days.

Procedures: It is the primary therapist's responsibility to notify the IDP pharmacist when a client's case is terminated. Upon receipt of the form notifying of the termination, the pharmacist will inactivate the client's case. If the client has not picked up his/her medication for more than 90 days, the pharmacist will notify the therapist prior to inactivating the case.

## APPEAL PROCEDURES

See appeal procedures in client rights section of this manual.

#### **GOALS**

Goals and objectives are developed annually in cooperation with the Executive Director. Current goals are as follows:

- 1. To maintain 100% accuracy in the dispensing of medications.
- 2. To achieve client satisfaction with pharmacy services.
- To enhance patient compliance.
- 4. To provide patient counseling and drug education,
- 5. To maintain patient medication profiles in accordance with the current legal requirements.
- 6. To conduct drug utilization review as required by the statutes.
- 7. To serve as drug information resource for clients, their families, the staff and the community.
- 8. To promote interprofessional collaboration on pharmacotherapy issues.
- 9. To conduct medication groups as needed.
- 10. To effectively instruct and supervise ancillary pharmacy personnel.
- 11. To maintain pharmacy records in accordance with state and federal laws.
- To maintain the drug inventory in a cost effective manner.

# **Substance Abuse Prevention Services**

The Department of Substance Abuse Prevention of the Mental Health Center is dedicated to the education of at-risk youth and their parents in order to decrease risk factors and increase protective factors necessary for the reduction of destructive behaviors. It includes a broad array of prevention strategies for individuals not identified to be in treatment.

The Department currently consists of three separate programs funded by three grants and implemented by staff specific to each particular grant. The programs are as follows:

- 1. The State Block Grant, administered through the State Department of Mental Health and Mental Retardation Substance Abuse Division, funds a substance abuse prevention program that focuses on a very specific target population, i.e., 6<sup>th</sup> grade students of Davis Hills Middle School and their parents. The program is referred to as *Project H.I.G.H.L.I.T.E.* (Helping Individuals Grow Healthier Living in Today's Environment) and includes at a minimum an in school, after-school, and summer component implementing evidenced based curriculum. In an attempt to provide extensive wraparound services, the State Block Grant focuses heavily on including environmental strategies and developing community partnerships that will assist in sustaining the program after the grant is completed.
- 2. The Alabama Department of Child Abuse Neglect Prevention, through its Children's Trust Fund Grant, supports our *PANDA* (Prevent Abuse, Neglect, Drugs, and Alcohol) *Project*. PANDA is a behavior modification camp for out-of-control youth and their parents/guardians. This 10-week program is offered as an alternative to school suspension, detention home sentencing, boot camp, or jail time. Camps are offered on Saturday mornings from 9:00 to noon four times a year. Topics taught include: love and affection, understanding conflict, drug prevention, anger management, identifying and dealing with stress, communication skills, consequences of actions, goal setting, etc. The camps are offered for the following age groups: Camp Promise (ages 8-10), Camp Hope (ages 11-13), and Camp Change (ages 14-17), and the Child Management Skills Camp (utilizing *The Parent Project* curriculum and workbooks) for the parents/caregivers. The program is offered to the public free of charge, but one must be registered to attend.
- 3. The Unified Prevention Systems (UPS) Grant: The *Today's Promise Program* is an in-school initiative funded through a Federal Substance Abuse and Mental Health Services Administration(SAMHSA)grant administered by the Alabama State Department of Mental Health and Mental Retardation. Madison County was one of six implementation sites selected throughout the state of Alabama to provide programs to 1 initiate a process to effectively coordinate, leverage, and/or redirect substance abuse prevention resources in order to promote comprehensive, community-based programs aimed a reducing marijuana and other drug use by youth, and 2. reduce marijuana, alcohol, tobacco, and other drug use by youth and young adults by developing a revitalized, comprehensive community-wide prevention strategy which leverages local, state, and federal resources and mobilizes citizens to implement comprehensive, research-based prevention practice. IN OTHER WORDS- it is a community-wide effort to keep kids off alcohol, tobacco and other illegal drugs!

The Mental Health Center of Madison County is the lead agency for the grant partnering with Big Brothers Big Sisters and Partnership for a Drug Free Community to provide services to Stone Middle School and the surrounding community. The main components of the Today's Promise Program includes: 2 In-School Prevention Coordinators- 1 English-speaking and 1 Bi-lingual Spanish-speaking, a Safe Dates program administered to the 7th grade, an After school program for 6th & 7th grade students, community & site-based individual mentors through Big Brothers Big Sisters, a Youth Advisory Council through Partnership, a 5-week summer program, and other initiatives to address community and environmental needs. All components of the grant are evaluated by an Aubum University Evaluation Team. Our hope is to eventually become a model program for other schools across the state.